

Oral Hygiene

Annual Meeting of the American Dental Association, Boston, Mass., August 4-8.

JULY 1947

In This Issue: EDUCATION, BUSINESS CONDUCT, AND PSYCHOLOGY IN DENTISTRY

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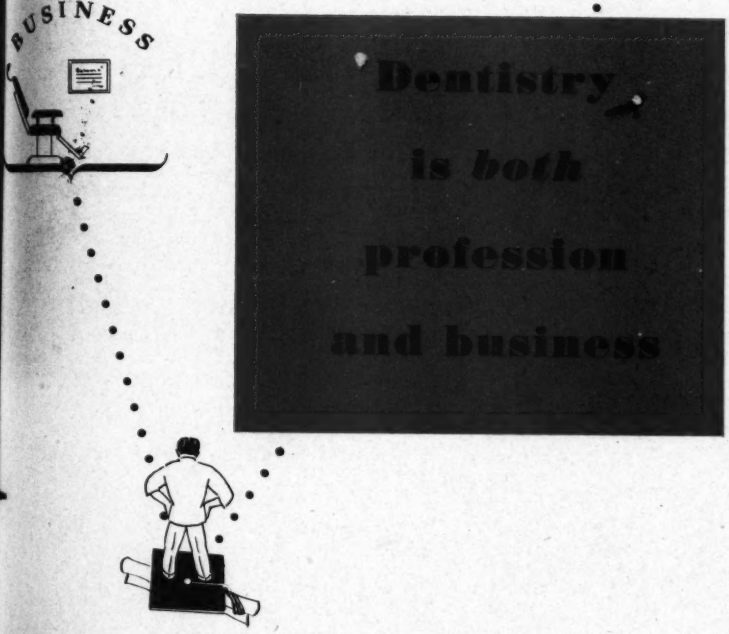
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Dentistry is b

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That is why he is vitally interested in such subjects as practice management, patient relationships, patient education, dental economics, social legislation, and current trends of dental thought and opinion. That is why he reads and values Oral Hygiene—the

XUM

profession and business

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Eastern Manager

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John J. Downes, Western Manager

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ST. LOUIS: Syndicate Trust Building

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The Publisher's Corner

BY MASS **NUMBER 313**

TONY AND OSCAR

"How am I doin'?" is a question almost every human being would like to have answered now and then. Magazines are like that, too—including this one. Oral Hygiene questions cross-section groups of readers month after month—has been doing it religiously for many years. Each month, dentists in several states are asked about the current issue's articles and departments. The replies are studied by the editors for future guidance. It's a simple system, but it works.

One reason why it does is that readers are mighty frank. It is easy to tell that they are not apple-polishing when they say they like certain articles or departments—because the same men are not a bit reluctant about scribbling a big "No" alongside questions about other features. Nobody can please everybody all the time; it's the average that counts. A questionnaire that reports varying degrees of enthusiasm for several features in an issue may denounce, for example, the department "So You Know Something About Dentistry!" Other answers in the same mail may give it three cheers.

This difference of opinion is just as it should be. It doesn't discombooberate the editors—just so the percentage of approval stays high enough.

Sometimes readers fill up margins with lengthy comments—

sometimes they write letters because margins aren't big enough for what they want to say. One reader, whose questionnaire came in the other day (from Rosalia, Washington), indicated special concern for patients in the lower brackets. The doctor personified this patient-group as "Tony." Commenting on one of our recent articles about duking up the reception room, he said, "I wonder where Tony's going to sit." He wondered about Tony again when he read an article on teaching patients the value of professional services. And evidently thinking of the Tony-type in the profession itself, he asked, "Where's Tony's picture?" when he looked at Howard Hartman's "Portraits and Profiles" photo spread. The Rosalia reader's comments about Tony are worth thinking over. Incidentally, answering the question about the CORNER he scribbled on the dotted line, "I thought Mass died."



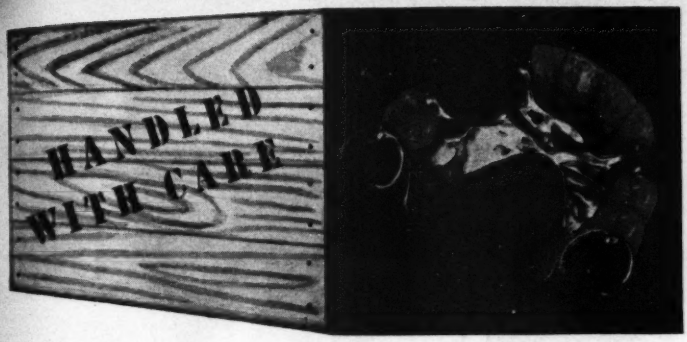
In responding to a recent questionnaire, Doctor L. E. Duncanson of Hobart, Oklahoma, commented on dentists' hobbies. He sent along some photographs, not of Tony but of Oscar, who is Doctor Duncanson's Charlie McCarthy — the doctor's many hobbies include ventriloquism. "Dentistry gets a little dull without a hobby," he said. He has developed an act that runs for an hour and, along with Oscar, includes chemical magic, sleight-of-hand, and various other stunts. Doctor Duncanson has entertained groups all over Western

Oklahoma, in schools and churches and at conventions. Fond of kids, he loves to have them for an audience. As long ago as 1906 his act netted him enough to pay his dental school expenses at Kansas City.

"A hobby keeps you young—try one," he suggested. But he's been wondering if he himself doesn't have too many hobbies. Beyond Oscar and the magic act, in some of his free time he goes in for plastics, and fishing. Down in Oklahoma, fishing is good. Doctor Duncanson sent a photo of a recent catch, seven hefty big-mouth bass. He invited ORAL HYGIENE folks to come on down and try to hook some.

Another questionnaire recently returned by Doctor H. Shirley Dwyer, director of the dental services division of the New Hampshire State Board of Health, told of his conducting a dental column which the Board syndicates without charge to New Hampshire newspapers. ORAL HYGIENE articles sometimes furnish ideas for it. In a supplementary letter, Doctor Dwyer told me, "That the power of the press is assisting to put over a public health program is being thoroughly and satisfactorily demonstrated in this state. A poll by one of the papers showed that 85 per cent of the readers were reading my column. I feel that more of this sort of thing should be carried on by the dental profession." Right. But the columns have to be good. Doctor Dwyer's certainly are. Incidentally, another fine dental column is Doctor Floris van Minden's, running in *The Chicago Sun*. He recently reviewed an ORAL HYGIENE article.

Doctor Dwyer looks after most of the other public-relations work of the Board of Health, and he's been taking care of public relations for the New England Health Institute, too. Last month, the Institute was putting on a big meeting of health and education workers at the University of New Hampshire in Durham.



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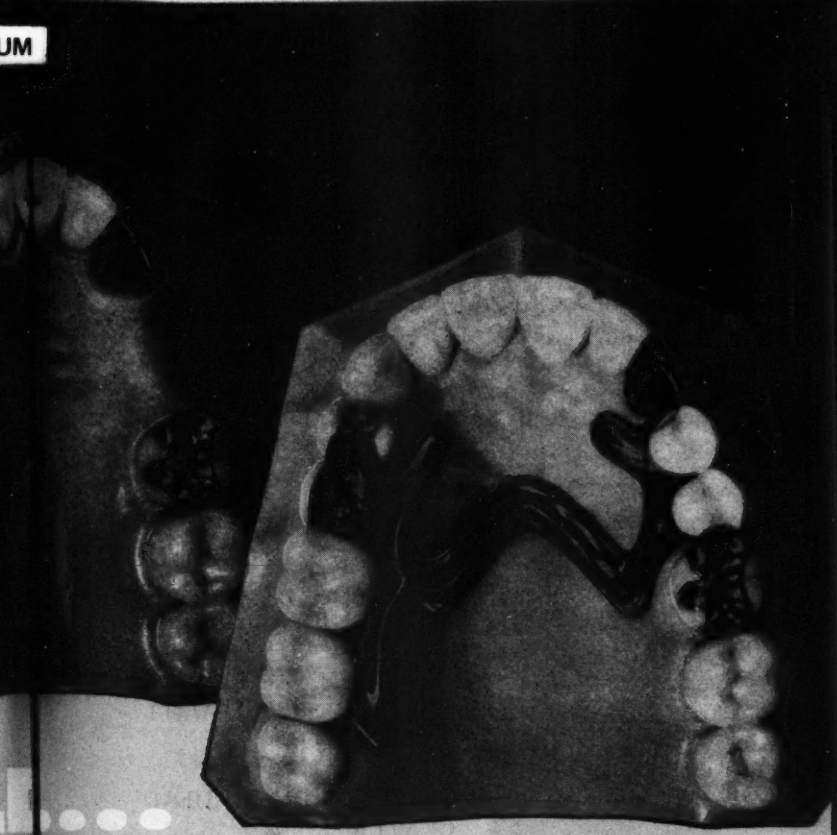
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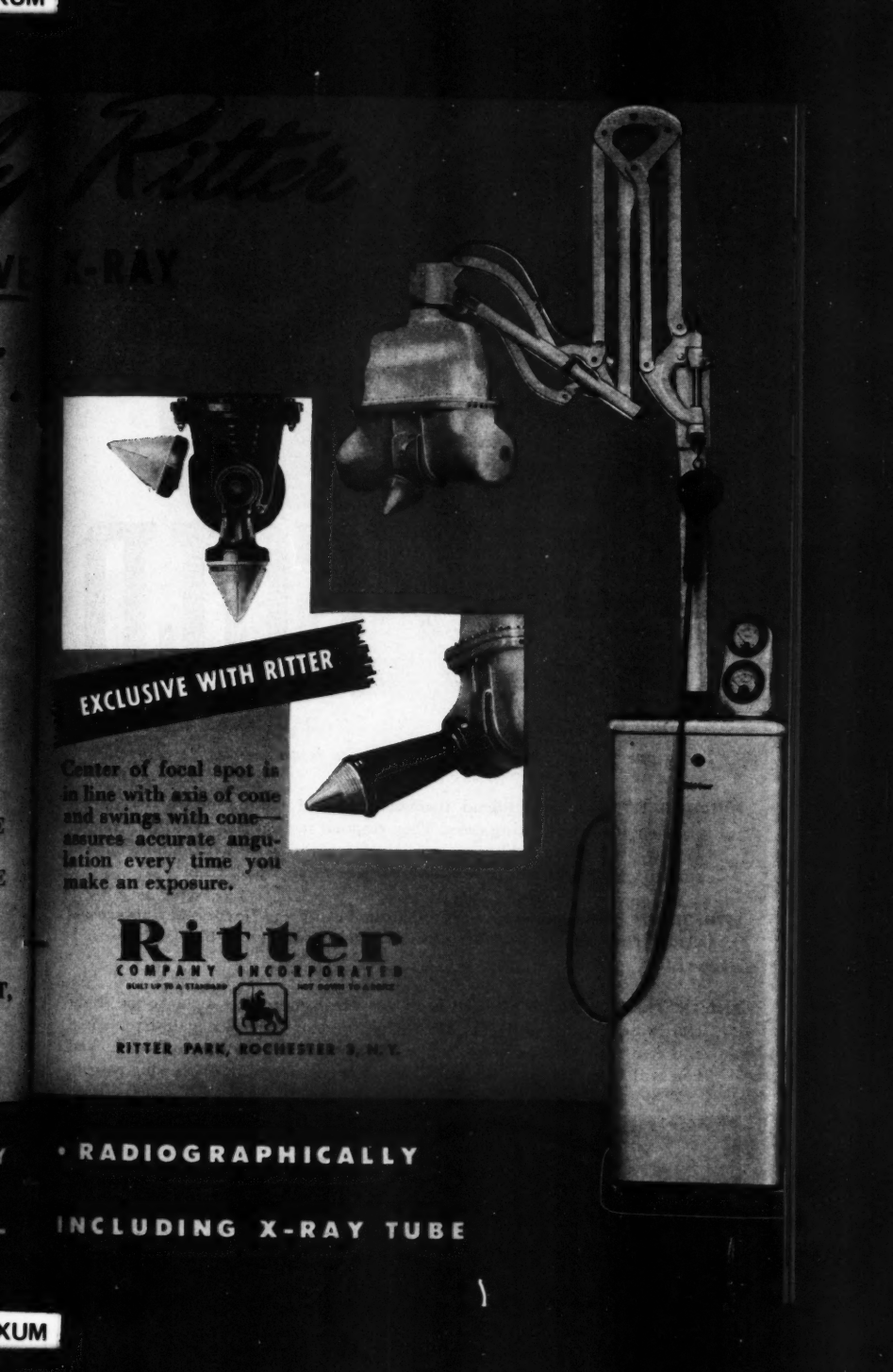
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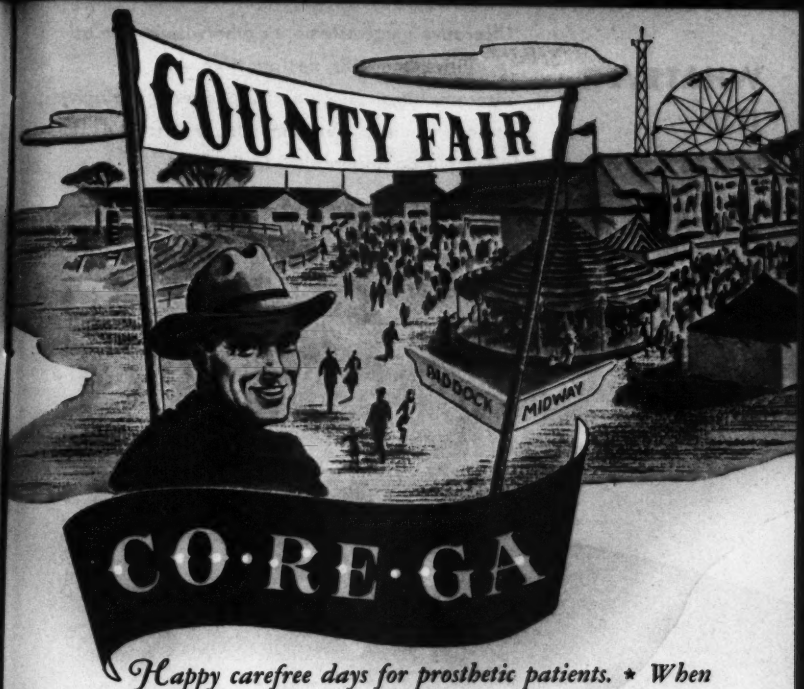
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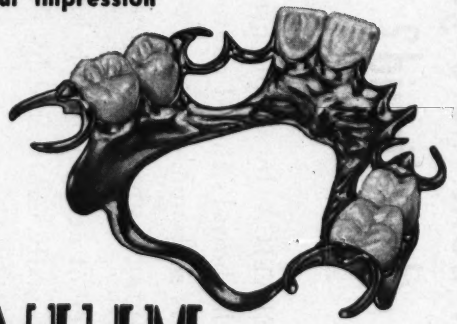
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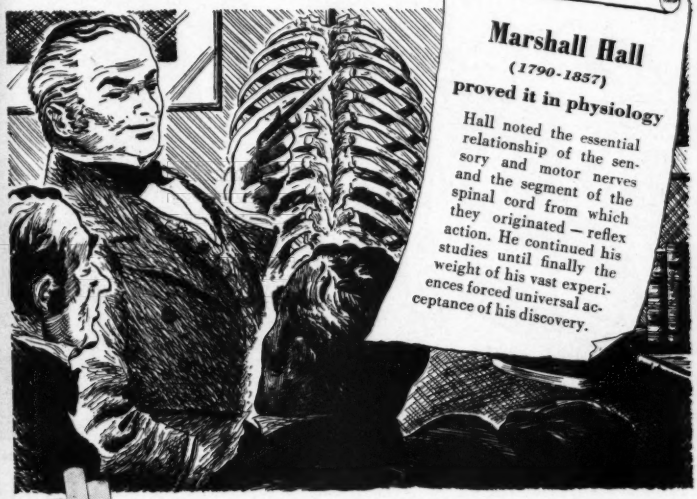


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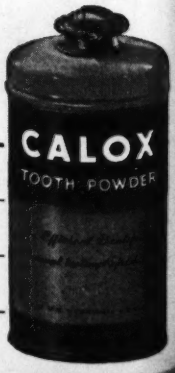
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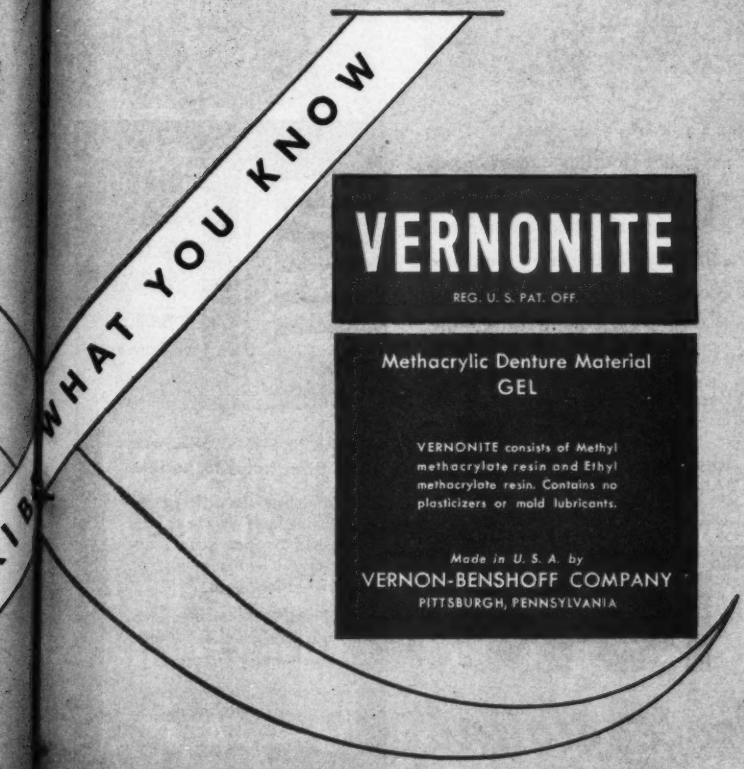
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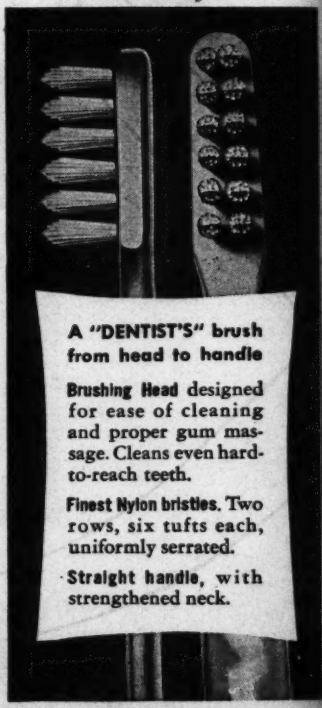
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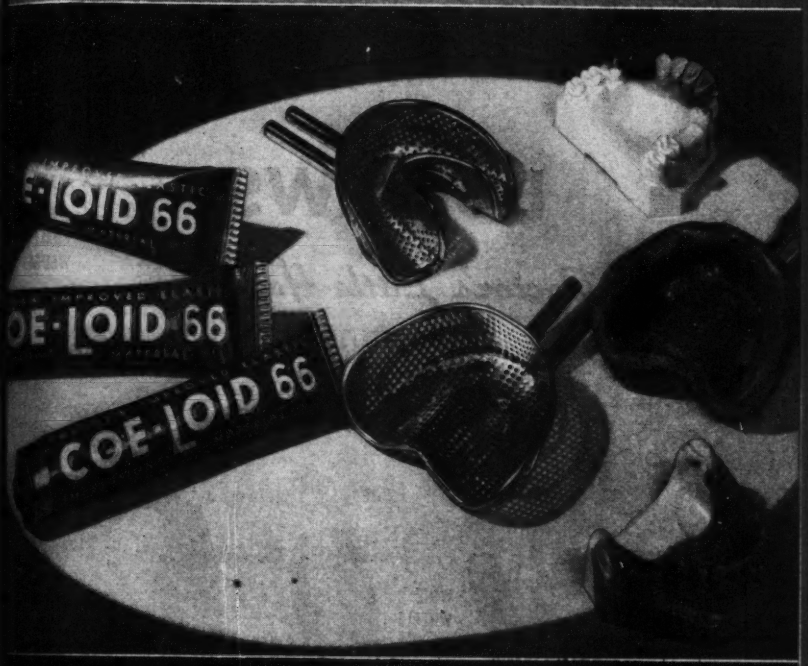
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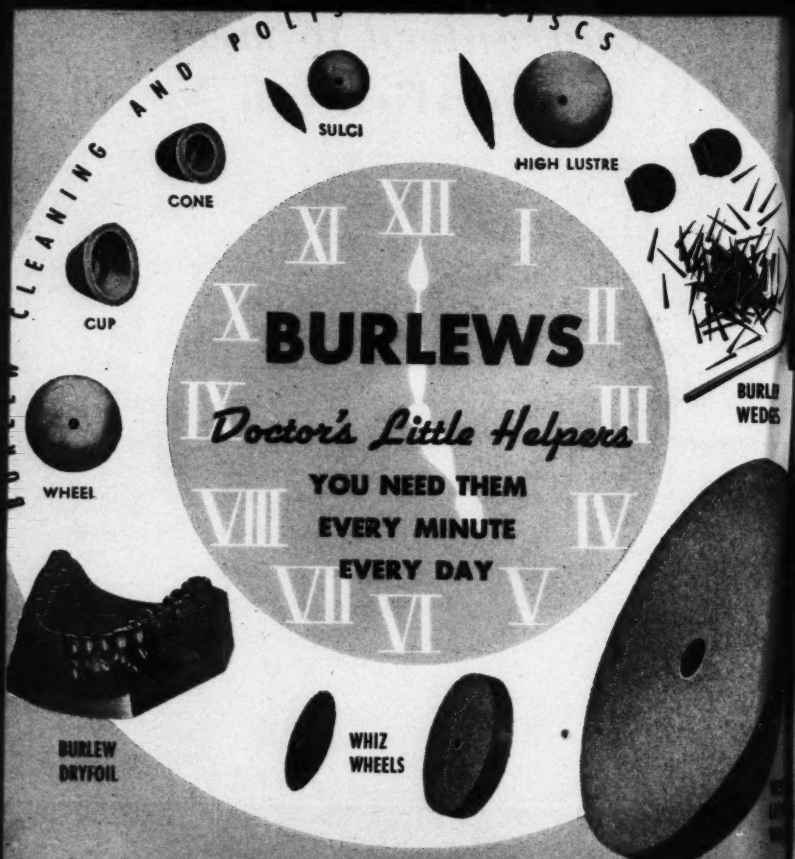
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Oral Hygiene

VOL. 37, NO. 7 JULY 1947

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The value of Forhan's with massage to supplement dental chair treatment in GINGIVITIS

You'll be interested in learning how an important clinical investigation, conducted under practicing Dentists, shows the value of Forhan's with massage as a home aid in Gingivitis.

In the course of the investigation, hundreds of dental patients were individually examined. 795 were found to have Gingivitis. Approximately half of this number was given prophylaxis. *All* were instructed to massage their gums with Forhan's Toothpaste for 30 days.

95% Gingivitis cases improved at end of 30-day test period!

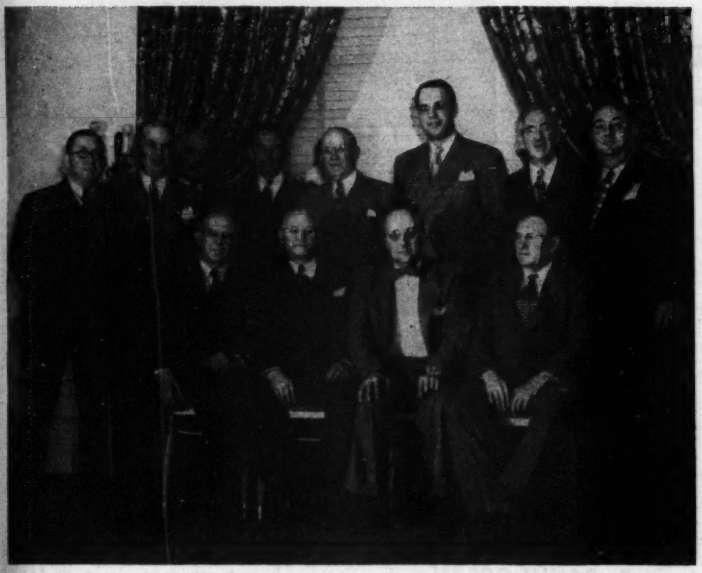
95% of all the Gingivitis cases showed marked improvement at the end of this 30-day test period. And 100% of those with normal gums had maintained their gums in healthy condition.

For these reasons, Forhan's with massage invites your continued acceptance and recommendation — as a home adjunct to professional care in the treatment of Gingivitis.



FOR FIRMER GUMS—CLEANER TEETH

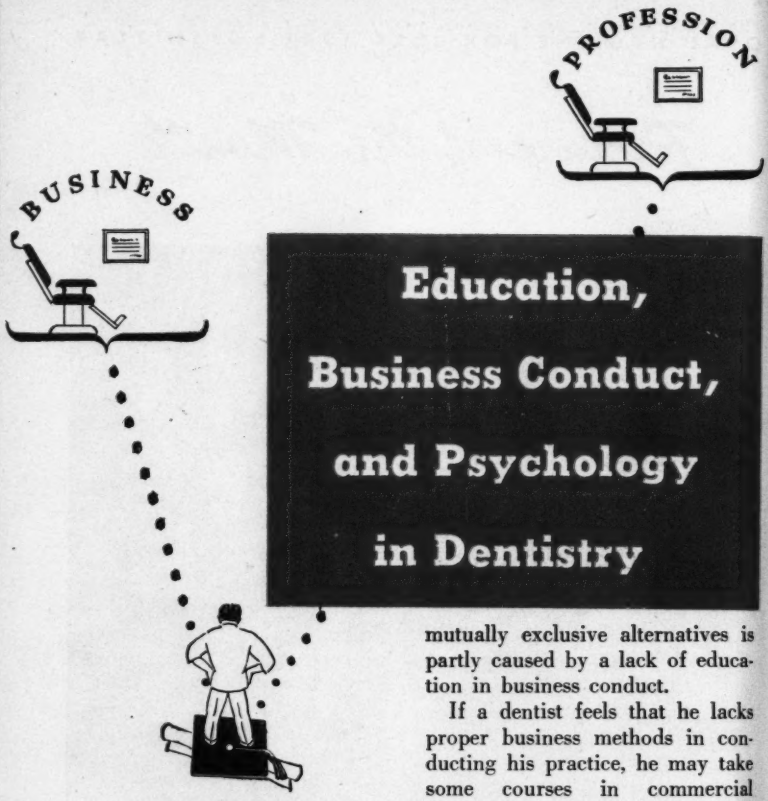
Picture of the Month



NATIONAL COMMITTEE of Dentists, meeting of the Executive Committee, Chicago. First row (left to right): John G. Hildebrand, A. P. Williams, Howard A. Hartman, and Edward L. Thompson. Standing (left to right): Frank W. Rounds, Fred A. Richmond, M. H. Petersen, Horace Cartee, Olin Kirkland, Joseph B. Zielinski, John P. Burke, and Ralph Rode.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

XUM



Education, Business Conduct, and Psychology in Dentistry

By BALINT ORBAN, M.D., D.D.S.

WHEN THE dental student sets out to practice dentistry he chooses, whether he knows it or not, between two ways of life. Will he conduct his practice as a business or as a profession? In other words, will he mainly strive to be a successful dentist or will he first of all want to be a good dentist? That these two possibilities appear as mutually exclusive alternatives is partly caused by a lack of education in business conduct.

If a dentist feels that he lacks proper business methods in conducting his practice, he may take some courses in commercial schools or with some private commercial organization, but unfortunately all he will learn is bookkeeping and high-pressure salesmanship. This, however, is directly adverse to satisfactory practice in which a dentist, as a professional man, will find recompense. Professional satisfaction can only be achieved by contributing to the growth of one's profession. This is not only possible by advancing

dentistry through new discoveries, it is also achieved by careful and critical observation of the results of our methods.

Continuous Education

All this leads away from the drudgery of daily routine, and material success will follow automatically; but in order to be able to contribute, to give, the dentist has to be well educated, not only in the technique of dentistry but also in the basic sciences. This education, of course, is not something stable—something one can get in a dental school by passing all examinations with an "A." It means continuous reading of professional books and magazines, returning from time to time to different schools to acquire a knowledge of new developments.

The dental profession, unfortunately, is known to be a poor buyer of books—especially of books on basic sciences. Without knowledge of the basic principles of tissue development, structure, biologic function, biochemical processes, and other subjects, no satisfactory practice can be conducted, if satisfaction is to mean professional high standing.

Salesmanship, which in a professional sense should mean "patient education," often is necessary to overcome difficulties, but it should never compensate for lack of knowledge and skill. It is something one can learn to a certain degree—or it may be a natural gift in some—but it should supplement professional ability and not replace it. There are those in every profession or occupation who will use their art of salesmanship to cover up their lack of professional foundation and, regrettable as it is so far as the financial phase is concerned, often with success. There are just as many—or perhaps more—who are well educated, able, and fine professional men who, because of lack of salesmanship, do not reach the professional level which they deserve.

Professional Business Conduct

Certain principles of sound professional salesmanship should be taught to dental students as well as to men in practice. We encounter more and more discussions and presentations in dental societies on practice management and professional business conduct, and such lectures should be presented to dental students and should be accompanied with discussions on professional ethics.

Good business conduct is common-sense psychology, but "common" sense is not as common as the name would imply. Psychology is another subject neglected in dental education; it should be a regular feature of the curriculum. Dental students, who because of their youth have not developed a defi-

XUM

nite character, would greatly benefit by being introduced to problems of man's basic psychologic background. The student would gain knowledge about himself and his fellowman. He would learn to make up his mind at times when a decision had to be made. Reading scientific as well as popular books on psychologic problems would help a student, as well as the dentist, to meet his daily problems, whether private or professional, more naturally. He would become a better judge of human nature and character and thus become a better professional man.

Psychosomatic Dentistry

Lately, psychosomatic aspects of dental diseases have been brought into the foreground, and there is no doubt that, up to now, not enough attention has been given to this phase of dental health. How far psychologic factors can be made responsible for some of the dental diseases such as caries, periodontal disturbances, or neurologic symptoms, we cannot definitely answer at this time, but no one can doubt that psychologic factors do have some effect.

There is another angle to the problem of psychology in dentistry which is just as important and even more neglected. Most dentists—being able mechanical restorers of lost parts—often fall into the habitual and light-hearted condemnation of some or all teeth of their patients. Many times I have seen patients to whom not only one, but several dentists, have said, "Nothing can be done for you; all of your teeth have to be removed."

I must confess that I have never seen a case yet in which "nothing" could be done. The more difficult a case might appear at first, and the more hopeless it might look, the more we should be tempted to do something. A physician will not give up a man with a heart attack by sitting back and doing nothing. He will take up the fight. He does not give up a man with an incurable disease, but will try everything possible to stimulate the patient's hope for recovery up to the last minute of his life. To say that in a disease "nothing can be done" is like condemnation to death, and many patients feel like being condemned if they are told that all their teeth have to be removed.

I have seen patients in an extremely bad psychologic frame of mind after such experiences with dentists. I should like especially to refer to some women who have had beautiful teeth and, when reaching the age of menopause, face the loss of their teeth. This fact might reach a dramatic meaning in a patient's mind; developing into a fear complex. This fear complex might be quite definite, and I have frequently heard a woman make the statement that she would lose her husband if she had to wear dentures. Other times the fear complex may be more indefinite but it might mean a deep-seated psychologic shock, comparable to the

primitive fear of the loss of strength of sexual power.

Often the extraction of many or all teeth is indicated, however, and would be the best procedure in the interest (somatic) of the patient, but from the psychologic point of view this should not be done. This does not mean that we have to do an impossible thing and save teeth which are already diseased. The approach concerning the matter is important and often extraction would be the best solution; but the teeth can always be saved for a while by treatment. The somatic interest sometimes has to be subordinated to the psychologic interest, and the same problem might look entirely different in two different types of patients. There is no case where "nothing" can be done to improve the local condition. During the treatment we can mold the patient's mind to accept the inevitable which will come. Sometimes a partial denture instead of a full denture will help the patient's mind over the hump. I do not want to create the impression that we should try to save teeth which are already hopeless, or try to prolong the agony in some cases, but I should like to impress upon the reader the importance of the psychologic approach.

Never say "nothing can be done," but find out first how the patient will react to different possibilities. Try to put yourself in the patient's position to see how you would react under the same conditions. What would you say if, having an infection of a finger nail bed (panaritium), the surgeon would immediately prepare to amputate your finger instead of doing everything in his power to bring the infection under control? Even the most difficult patient, psychologically, can be brought to proper reasoning if the problem he or she faces is presented in its true form and in the proper manner.

180 *North Michigan Avenue*
Chicago

★ ★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This month's $100 ORAL HYGIENE *award for the best article published has been won by* BALINT ORBIN, M.D., D.D.S.

★ ★ ★ ★ ★ ★ ★ ★

THE COVER

OUR COVER photograph is of historic interest. It shows the Paul Revere monument in Boston, the city where the eighty-eighth annual meeting of the American Dental Association is to be held, August 4-8. The International Dental Federation will meet at the same time.

THE *Boston-* AND COUNTRY  No. 799. Gazette, JOURNAL.

Containing the freſheſt Advices, Foreign and Domeſtic.

MONDAY, July 30, 1770.

PAUL REVERE

Boston Dentist

The story of a famous early American's activities in the dental profession.

By JOHN D. HANLON

IF PAUL REVERE, America's midnight-riding courier, were alive today, he would certainly be among those present at the American Dental Association meeting in Boston. In fact, he would probably be in charge of the Bay State's delegation, for Revere, in addition to being Boston's busiest businessman, was one of the first and, for a time, the only dentist in the Massachusetts Bay Colony.

Revere's entry into the dental profession came about because he was quick to sense an extra pound or two in any new project. Already the town's leading silversmith, Revere learned that Boston's only dentist, a Mr. John Baker, was leaving town to practice in another community. Revere, who recognized an exclusive practice when he saw one, asked Baker to teach him dentistry before he left.

Baker agreed. During the summer of 1768, Revere, 32 years old at the time, spent many hours with Baker learning how to "fix and draw teeth."

In September of the same year, Revere "hung his shingle" by placing an advertisement in the September 12, 1768, edition of *The Boston Gazette and Country Journal*, copies of which may be seen at the Boston Public Library.

Revere minced no words in his announcement. "Whereas many Persons," he wrote, "are so unfortunate as to lose their Fore-Teeth by Accident, and otherways, to their great Detriment, not only in

WHEREAS many Perſons are ſo unfortunate as to loſe their Fore-Teeth by Accident, and otherways, to their great Detriment, not only in Looks, but ſpeaking both in Public and Private :—This is to inform all ſuch, that they may have them re-placed with falſe Ones, that looks as well as the Natural, and anſwers the End of Speaking to all Intents, by *PAUL REVERE*, Goldſmith, near the Head of Dr. *Clarke*'s Wharf, *Boſton*.

*** All Perſons who have had falſe Teeth fixt by Mr. *John Baker*, Surgeon-Dentiſt, and they have got looſe (as they will in Time) may have them faſtened by the above, who learnt the Method of fixing them from Mr. *Baker*.

An advertisement appearing in The Boston Gazette, September 12, 1768.

ARTIFICIAL TEETH.

Paul Revere,

TAKES this Method of returning his moſt ſincere Thanks to the Gentlemen and Ladies who have employed him in the care of their Teeth, he would now inform them and all others, who are ſo unfortunate as to loſe their Teeth by accident or otherways, that he ſtill continues the Buſineſs of a Dentiſt, and flatters himſelf that from the Experience he has had theſe Two Years, (in which Time he has fixt ſome Hundreds of Teeth) that he can fix them as well as any Surgeon-Dentiſt who ever came from London, he fixes them in ſuch a Manner that they are not only an Ornament but of real Uſe in Speaking and Eating : He cleanſes the Teeth and will wait on any Gentleman or Lady at their Lodgings, he may be ſpoke with at his Shop oppoſite Dr. Clark's at the North-End, where the Gold and Silverſmith's Buſineſs is carried on in all its Branches.

On July 30, 1770, Paul Revere used The Boston Gazette to thank his patients.

Looks, but speaking both in Public and Private:—This is to inform all such, that they may have them re-placed with false Ones, that looks as well as the Natural, and answers the End of Speaking to all Intents, by PAUL REVERE . . ."

Thus stating the situation, Revere felt called upon, apparently, to give his background: "All persons who have had false Teeth fixt by Mr. *John Baker*, Surgeon-Dentist, and they have got loose (as they will in Time) may have them fastened by the above, who learnt the Method of fixing them from Mr. *Baker*."

Revere's business was good because Bostonians' teeth were bad. One Peter Kalm, a Swedish scientist of the time, had this to say after he visited Boston: "Girls not above 20 years old frequently had lost half their teeth . . . Many people are of the opinion that the air in this country hurts the teeth. So much is certain, that the weather can nowhere be subject to more frequent and sudden changes; for the end of a hot day often turns out piercing cold and vice versa."

Whether Revere considered the medical phase of his profession is not known. He once mentioned that he held little faith in the then-current belief that a toothache could be cured by carrying a dead man's tooth in the pocket, but otherwise his "Methods" were standard for the time. He could, and did, "draw" teeth, but his principal practice was making dentures. These he made from human teeth (" . . . many persons were disposed to sell their front teeth, or any of them"), elephant tusks, or any bony material.

Revere made dentures for most of the prominent men of the day, although the legend which says he made them for George Washington is false. John Greenwood, son of a neighboring shopkeeper, who *did* make dentures for Washington, may have learned the profession from Revere, but Paul had no part in Washington's lifelong dental battles.

Revere's most famous patient was General Joseph Warren, who died in the battle at Bunker Hill. Warren was initially buried on the battlefield, and when, several months later, his body was disinterred, Revere was called to identify it. This he did by recognizing the dentures he had made for Warren.

During the war, of course, Revere did little dentistry. Afterwards, he branched out into several large-scale manufacturing enterprises and dropped his dental practice entirely. However, his shop on North Wharf continued to carry dentifrices. He sold what he billed as "Tooth rakes" and even his own make of toothpaste. What ingredients he used are a mystery, but it is known that the pastes of the day contained such coarse abrasives as cuttle bone, coral, small chips of broken dishes, saltpeter, and gun powder.

Probably Revere used something of this nature. And, if his

product was questionable, his advice would be up-to-date even now. Paul said—and present-day advertising copywriters should blush—that his paste would refresh the "gums" and brighten the teeth.

6 *Bridge Street*
Winchester, Massachusetts

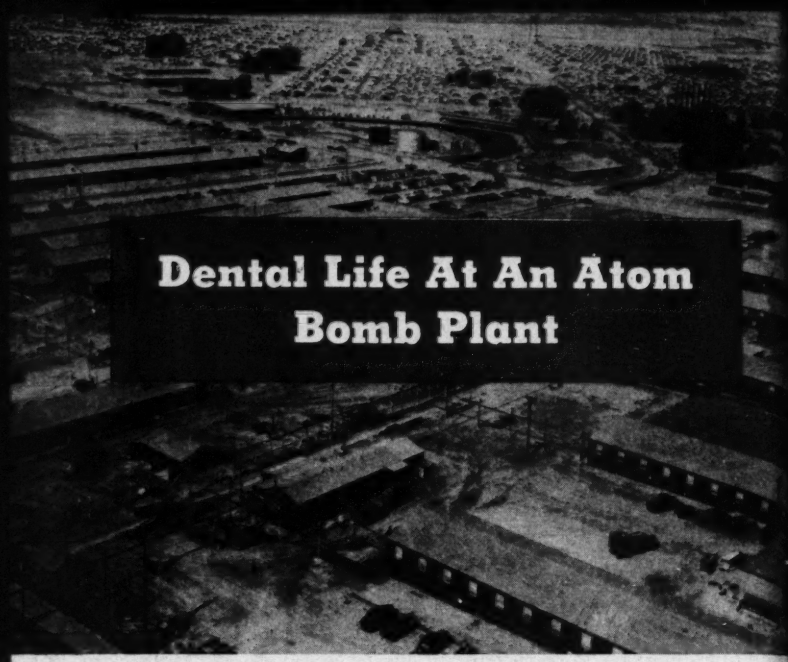
PROFESSIONS CONTRIBUTE TO INTERNATIONAL UNDERSTANDING

THE PROFESSIONS are extremely fortunate because they can contribute to international understanding and friendship, according to Doctor Daniel F. Lynch, Chairman of the Committee on International Relations, American Dental Association. Writing in the *Medical Annals of the District of Columbia* he says: "The medical, dental, and legal professions of any country are only a small segment of its population, but because of their daily associations, they can exercise a tremendous force toward understanding. . . . They can become an important force in . . . contributing toward world peace.

"We must become better acquainted with one another. We must exchange ideas and techniques. We must have sympathy and appreciation for each other's work and problems, and we must make an *individual* effort to express all this. It is not a one-man job. It is the responsibility of every professional man. Toward this end, international conferences and meetings should be encouraged and arranged.

"Americans are becoming aware of the great cultures and civilizations which exist in all parts of the world. There is a keen desire on the part of the American professional man to know more about the work of his colleagues throughout the world. As this interest grows, more of our best scientists will travel and spend a sufficient time watching the work of leaders in other countries. . . Much good can also be done by personal correspondence, and it is suggested that you endeavor to communicate with those friends and colleagues in other countries whose work you admire.

"The liberated countries have much need for assistance in the reorganization of their professional societies, schools, and libraries. Many of the countries have been without foreign connections since 1939. During this time, they have developed new techniques in all fields of practice based upon a limited supply of materials and, in many instances, on ingenious substitutes. We should know what they have learned and they want to know what has been the progress in research in the free world in which we have the privilege to live."



Dental Life At An Atom Bomb Plant

A part of the United States Atomic Bomb Project at the Hanford Engineer Works, Pasco, Washington.

By ALVIN FREDERICK GARDNER, D.D.S.

EARLY IN 1944 a rich vast orchard and farming area and an adjacent large barren desert were taken over by the government for a restricted, secretive reservation. A model city, protected by two mountain ranges and historically located, was built on the shores of the Columbia River. It was in this area that Lewis and Clark spent one winter and fought their way to the Pacific Ocean.

This reservation was called Richland, Washington. As the model city grew, a hospital, and with it a dental department, flourished as a necessary and important part of the project. I was appointed as a staff dentist at this hospital secretly built and operated by the government.

The purpose and nature of my work was to supply dental treatment for the thousands of workers and their families who were employed on this all-important war project whose fate determined the outcome of World War II—the atomic bomb.

This was another experiment in industrial dentistry in which a dental group clinic or department of a hospital supplied the necessary

dental services to the thousands of workers and their families in this important industrial project.

Dental Clinic

This department was housed in a modern building adjacent to the Kadlec Hospital. It was a well-insulated one-story building similar to the dental bungalow or studio built today in our modern cities. It was divided into eight operating rooms, two laboratories, an x-ray department and darkroom, reception room, and private offices. It was staffed by three to six dentists, one dental hygienist, one dental x-ray technician, two laboratory technicians, two receptionists, and a staff of dental assistants, usually about six.

In a town of this size (population unknown), with the limited available dental personnel, a serious problem confronted us. We made appointments and soon found ourselves completely booked up for eight months in advance. Despite this we managed to supply complete dental service to thousands of atom bomb workers. Our part in making the atom bomb project a success was to maintain the mouths of these workers in a healthy condition so that they could do all in their power to hasten production of the unknown product being made.

No practice of dentistry, industrial group or private, could have the variety and types of patients presented at the atom bomb dental clinic. It took all kinds of persons from all parts of the country to produce atomic bombs, and consequently the dental personnel had patients with a variety of training and from all areas of this country. On an average day each dentist would take care of from twenty to twenty-five patients. The typical day included supplying dental treatment to perhaps a chemist, a plasterer, patrolman, a physicist, project manager, carpenter, government official, physician, army colonel, cook, F. B. I. agent, and a housewife. Project workers migrated from the east, west, north, south, and some other countries.

Types of Treatment

Because of the nature of the work at this project and the type of personnel necessary, we encountered dental diseases and lesions from the most insignificant and meager to those that produce serious consequences. I encountered the rare Ludwig's angina in a project guard whose duty it was to guard one of the vital areas of the plant. Cancer lesions were not uncommon, and I also encountered the rare oral vitamin deficiency diseases.

We performed thousands of extractions inasmuch as many of the workers brought to this secret project had been without dental treat-

ment for two and three years while they moved from one war project to another.

In addition to extractions, the various types of dental services rendered were prosthetics, including mostly full dentures to give the workers an efficient masticating machine in order that they might continue this strenuous work. Next in importance we did crown and bridge prosthetics, general operative dentistry, including considerable inlay construction. Workers frequently traveled sixty miles each way to and from an area to work in a building without windows and in which an equal number of floors existed below the ground as were visible above the ground. Here, as in many other localities, war workers talked about their day, swing, and graveyard shifts, as the atom bomb project was in operation twenty-four hours a day, seven days a week.

The fees were standardized by the dental department and every patient, regardless of income and position or social standing in the community, was obliged to accept these fees. The fees were based on the average fee in the Pacific Northwest and were consistent with the surrounding areas. No fee problem ever presented itself because more people desired dental treatment than the dental personnel available could supply. There were no private dental enterprises permitted on this reservation.

Every dental staff member was provided with a six-room, two-story furnished house regardless of the size of his family. Dental families would average three or four members so no crowding or doubling up ever occurred here. This was probably the only locality during the war years where the dentist had no housing problem. Food was purchased from grocery centers similar to those in any other city except that everything was imported into the reservation and only the necessary or essential staples were sold.

At the atom bomb plant the dental department was another experiment in industrial group dental practice. We were able to observe and treat all types of dental diseases and to correlate our findings of the success of one method as against another, to argue intelligently whether the gold inlay was a better restoration than a like amalgam placed under a rubber dam correctly packed and polished. The experiences of different practitioners pooled together make interesting associations and excellent treatment for patients.

908 *Congress Building*
Miami 32, *Florida.*



So You Know Something About Dentistry!



QUIZ XXXIV

1. Are the changes affecting edentulous jaws the result mainly of resorption or absorption? .....

2. Do secondary dentine and pulp stones (a) increase, (b) have no effect upon, (c) retard, the response of the pulp to electric vitality tests? .....

3. If a patient has had premedication (morphine, barbiturates), is (a) more, (b) the same amount of, (c) less, nitrous oxide-oxygen required to produce anesthesia? .....

4. The general curvature of the glenoid fossa is considered to be (a) flat, (b) convex, (c) concave. .....

5. Which of the following are radiolucent, (a) radicular cyst, (b) follicular cyst, (c) granuloma, (d) hypercementosis? .....

6. Babbitt's metal consists of the following: (a) copper, (b) lead, (c) antimony, (d) nickel, (e) tin. .....

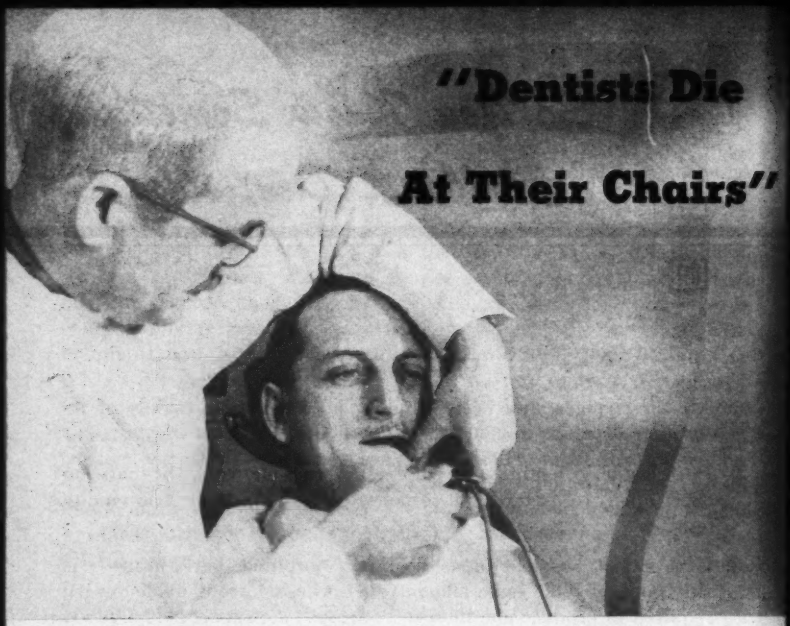
7. The (a) upper lateral incisors, (b) second permanent molars, (c) canines, (d) second premolars, show the greatest difference in eruption time between the sexes. .....

8. Is the antiseptic efficiency of thymol (a) greater than, (b) the same as, (c) less than, that of phenol? .....

9. Rampant caries is distinctly a disease of (a) old people, (b) middle-aged people, (c) young people. .....

10. If an operator approaches half the erythema dose, no more roentgenograms should be made for (a) one week, (b) two weeks, (c) one month. .....

FOR CORRECT ANSWERS SEE PAGE 1236



"Dentists Die At Their Chairs"

By EDWARD L. WHARTON, D.D.S.

THE TITLE of this article is a quotation from a recent issue of a dental periodical. The person who wrote it seemed to think that practicing dentistry until death was a calamity. He was upset over the fact that men in other occupations were either pensioned, or made enough money to retire comfortably.

I do not agree with him. On the contrary, it seems to me that, if what he says is true, it is a great blessing to the dentist.

Let us analyze the problem, and draw our conclusions. Suppose we place retirement on one side of the scale, and health and happiness on the other; for rarely, if ever, do all three go together.

"Drivel," say all of you who can or who would like to retire, "I can be healthier and happier retired than I am when practicing dentistry."

Short Retirements

First, let me tell you something that you may not know about your summer vacations which, after all, are short periods of retirement.

The majority of us have taken vacations ranging from two to four weeks, usually during July or August. Have you ever noticed that sometime in the fall you have been surprised and bewildered to dis-

cover that you do not feel well? Your last appointment is a burden. Perhaps you have contracted a head cold, you have a few rheumatic twinges, or possibly your sacro-iliac joint has slipped and you have a lame back. What can be the reason for this so soon after that long vacation?

It is easily explained. Here is what you did to rest and relax. Having no early appointment, you slept later than usual, and, with no appointments ahead, you ate a much heartier breakfast than your accustomed one. A game of golf followed; after that a plunge in the lake or surf. On your way home, you stopped to have a couple of cocktails or highballs; no patients to see that day, so why not? This combination of exercise and liquor so stimulated your appetite that you ate a lunch about the size of your regular evening dinner. After this came that "half-hour" nap which lasted about two hours. Regaining consciousness, more golf followed, or possibly you sat on the beach. "Nothing like the sun's rays for health." On the beach John suggests a couple of drinks. The evening meal, which is really a meal, follows. Cards in the evening (still no early appointments to meet), late to bed, late to rise, and repeat this thirty times for each of the thirty days.

And you wonder why you do not feel at your peak in the fall. You have your teeth roentgenographed, have a complete checkup. Nothing is wrong. No? Consult a gastro-enterologist and see what he tells you.

Suppose you do not play golf, you do not drink liquor; you are a fisherman. You sit and relax in a boat all day. You, who are accustomed to being on your feet, weaving backward and forward with all the dental motions that we go through every day. So you just sat? Did you eat less or more than usual? Did you smoke most of the day while fishing? "Ah! Smoking all day, something I can't do while practicing dentistry." Maybe you read all day.

This is only for one month or even less. Theoretically, you have retired. What physical condition will you be in after years of a slightly modified version of this? Look at the mental and physical condition of your patients who retired. Did you enjoy making that full upper denture for the man who had retired? Fun, wasn't it? Yes, I know, you would be different from him, but that is only what you think. You probably would be worse. So much for health; now for happiness.

Results of Retirement

Suppose we look at some examples of retired dentists. Doctor X—— was thrifty, without being parsimonious. His three children

were married and self-supporting. A fortunate investment netted such a large sum that he retired. His hobbies were sailing and fishing. At last he could devote all his time to them. He bought a small place on a river in the northern part of the country, and another far down in the south. He was cool in the summer, while others suffered from the heat; and basking in the sun, as we shivered in the cold. Plenty of time for his hobbies all the year round. Could anything be more perfect? He is now practicing dentistry again. Lose his money? Not a bit of it. His wife told me the story.

ORAL HYGIENE was the only dental magazine that followed him everywhere. Once a month it came, and once a month it went in the wastebasket with the cover still intact. After a couple of years, she noticed that the outside wrapper was missing when she threw the magazine away. Shortly after came the announcement, "I'm thinking of going back into dentistry again. I'm not as happy as I thought I would be; I miss the contacts with my patients." I believe he is still practicing.

Doctor B——'s only desire was to raise mule colts. When he retired he said, "Ed, you can have all your cranky patients, your sore teeth, and your aching back; I'm through."

He came back. He would not tell me why, but he did say that the first patient who came to see him was that disagreeable Mrs. R——, and that he was delighted to see her.

Not so long ago, a dentist came in to see me. He wondered whether I would rent him my second operating room. "Why, Doctor," I said, "what is wrong with the lovely farm, all those fresh eggs, vegetables picked by your own hand, the beautiful view, the cozy winter nights with nothing to do but read?" He replied, "Don't rub it in; I'm so lonely it's driving me crazy."

One more example is that of Doctor C——. There came to him one of those days that comes to all of us; that day when at closing time you would gladly sell your entire practice, equipment and all, for a good ten dollar bill. The difference between Doctor C—— and you and me is: he did it. He gave it up while still in good physical condition. His money was largely invested in absolutely safe securities paying 6 per cent. Maybe you had some yourself. Then came 1929. The last I heard of him, he and his wife were eking out a living.

My father-in-law was a dentist. At the age of 66 he was told that he had angina pectoris. "Wind up your affairs, make your will, and give up." He did die of a heart attack. At the age of 75 he had an attack one morning. That night he passed away. He died at his chair, a happy man.

50 *James Street*
Newark, New Jersey



Dentists' Air Cruise To South America

Special travel arrangements being made for dentists who wish to visit South American dental institutions

By *MARCELLA HURLEY**

AT THE request of dental societies whose members are anxious to attend dental meetings, visit dental schools, clinics, and health centers of Latin America, Pan American World Airways is arranging a special air cruise of South America for dentists. Although an increasing number of Latin American dentists have been coming to the United States in recent years to meet their colleagues and study new developments in dentistry at firsthand, this is the first time that any large number of North American dentists have been offered a similar opportunity. It is hoped that the exchange of dental techniques and information will give the stimulus necessary to extend and raise the level of dental service in all the American Republics.

For this first professional tour, planes reserved for dentists and their wives will leave from New York, Miami, and New Orleans, late in September, traveling by way of San Juan, Puerto Rico; and Trinidad, to Rio de Janeiro. Dentists, in addition to seeing the famous harbor, the flower markets, broad avenues, and cosmopolitan restaurants of the city, will visit the National School of Dentistry of the University of Brazil, clinics, and health centers. They will also see the Palace of Tiradentes, dedicated to a dentist, the great hero of Brazilian independence.

In progressive Sao Paulo, Brazil, the visitors will have an opportunity to meet their dental colleagues. And they will make a trip to the Butantan Snake Farm where snakes are raised and serums prepared to combat snake bites and tropical diseases. The functioning

(*Continued on page* 1213)

*Director, Pan American Council of Chicago



Fibrin Foam in Daily Exodontia

By PHIL D. FALKENSTIEN, D.D.S.

FIBRIN FOAM has already been demonstrated to have value as a hemostatic agent in surgical operations on the brain as well as in other fields of surgery. Even though its full potentialities are still in the experimental stage, its use in oral surgery has many advantages.

The use of fibrin foam in the case of a hemophiliac may not be a cure-all, but in the hands of a general practitioner it has its assets over most other approved methods. I have removed the teeth from a hemophiliac and have had no more complications with him than with normal patients. This same person gave a history of extreme bleeding from the removal of three teeth several years previously.

XUM

Are you taking advantage of the use of fibrin foam as a hemostatic agent in your practice?

After obtaining roentgenograms to determine location, degree of impaction, infections, and pyorrhea resorption, I instruct my patients in the normal procedure. If there is any infection in the area in which I am to operate, I leave an order at the hospital for this patient to receive an injection of 300,000 units of penicillin in oil at least twenty-four hours before his appointment time. As a further aid, if I am to do any surgery on the lower arch, I leave an order for this patient to receive an injection of 1/6 grain morphine with 1/150 grain atropine to be given shortly before the time of his appointment. Thus I have lessened the possibility of a postoperative infection, dried up the salivary glands, and settled the patient's nerves with morphine.

The tooth or teeth are removed in the usual manner, and bleeding will be controlled largely by the epinephrine in the anesthesia. At this time I mould a small portion of sulfapac and place it in the socket before sealing over. In the case of a hemophiliac, I never remove more than three teeth at a time, and I have much better results when I remove only two teeth at any one appointment. In removing only one tooth, there is little loose tissue to suture over.

After two teeth have been removed and sulfapac placed in the socket, I place over the sulfapac a small piece of fibrin foam. In the case of the hemophiliac, I use a large piece of fibrin foam; however, in the individual with normal blood-clotting time a smaller piece is better. A piece too large will cause pressure and subsequent pain; but in the case of the hemophiliac, a little pain is much better than uncontrolled hemorrhage.

I never do any suturing on the normal patient except in the case of multiple extractions; however, I did learn by experience that suturing with catgut will not hold the tissues together long enough for primary healing to take place in the case of the hemophiliac. It is better to use silk in most cases.

The most convenient way to use the fibrin foam is to cut the sponges to size at the field of operation and then soak them in the thromboplastin.

This summary for the steps involved in clotting is perhaps the most satisfactory explanation thus far advanced. In the circulating blood the antiprothrombin is united with the prothrombin; this renders the prothrombin inactive. When blood is shed, as in injury, the blood platelets break up and thereby liberate a material called thromboplastin; this unites with, or neutralizes, the antiprothrombin and thereby liberates the prothrombin. By the action of the calcium salts the prothrombin is converted into the active agent known

as thrombin. This constitutes the first phase of coagulation. The real coagulation consists of the action of thrombin upon the fibrinogen; by this the fibrinogen is rendered insoluble and forms fibrin. Fibrin is the controlling factor in the chemophysical process by which the human blood clot is normally formed. In using fibrin foam we are placing in the socket the desired or necessary substance found in the normal clot while the thromboplastin will unite with the ingredients of the patient's blood to form more end product—fibrin.

I believe that fibrin foam is an easy-to-use hemostatic agent in the hands of the general practitioner. If we follow this procedure our patients will have more confidence in us, and at the same time we will raise our profession from a mechanical trade to a diagnostic professional level. It will help us compete against the large number of cutthroat and low-fee practitioners who make up too large a percentage of our profession today.

Onaga, Kansas

WHO SAID DENTISTS SHOULD PREPARE FOR RETIREMENT!*

In 1900, less than one-fifth of the population was 45 years or more in age; by 1940, the ratio had increased to more than one-quarter of the total. This trend will continue for many decades. Careful forecasts indicate that by 1960 almost one-third of our population will be 45 years of age or over, and that, by the end of the century, two-fifths of the people will be in that age category. If we concentrate on the group 65 years and older, the changes since 1900 and those in prospect are even more striking. Thus, at the turn of the century, this older group included 4.1 per cent of the population. By 1940, the figure had increased to 6.8 per cent and, by 1960, the best indications are that over 9 per cent will be in the old-age bracket.

Recent sickness surveys, including especially the National Health Survey of 1935-1936, show how great the burden of invalidism has become at the older ages. If the age frequency of invalidism as observed in the National Health Survey prevails in our current population, then 70 per cent of our invalids, that is, persons permanently disabled, are at ages 45 or higher; by the end of the century, 80 per cent of the invalids will be in this age range.—Louis I. Dublin, Ph.D.

*Excerpts from the February, 1947, issue of the *American Journal of Public Health*.

DENTISTS' AIR CRUISE TO SOUTH AMERICA

(*Continued from page* 1209)

of the modern dental school of the University of Uruguay located in Montevideo will be of special interest to the group because it admits students from every country without charge.

The air cruise will reach Buenos Aires early in October in time to permit attendance at the First Inter-American Dental Congress of the Latin American Dental Federation, if it is held according to present plans. The 16-story air-conditioned dental school of the University of Buenos Aires, one of the finest dental institutions in the world, will be inspected by the dentists, as well as some of the modern, well-equipped dental offices of private practitioners.

October is the ideal time to visit Buenos Aires as the parks and boulevards are in their most attractive state and the climate is ideal. After getting acquainted with this Argentine center of business and social life, the dentists will fly over the Andes to Santiago, Chile. They will visit the University of Chile's Dental School, built by the Chilean government as a reward to its founder, Doctor Germán Valenzuela Basterrica[1] who solved an international crime. This socially conscious country also has many clinics and health centers that will be of interest to dentists. A trip will be made to Chile's most exclusive resort, Viña del Mar, and to the port of Valparaiso.

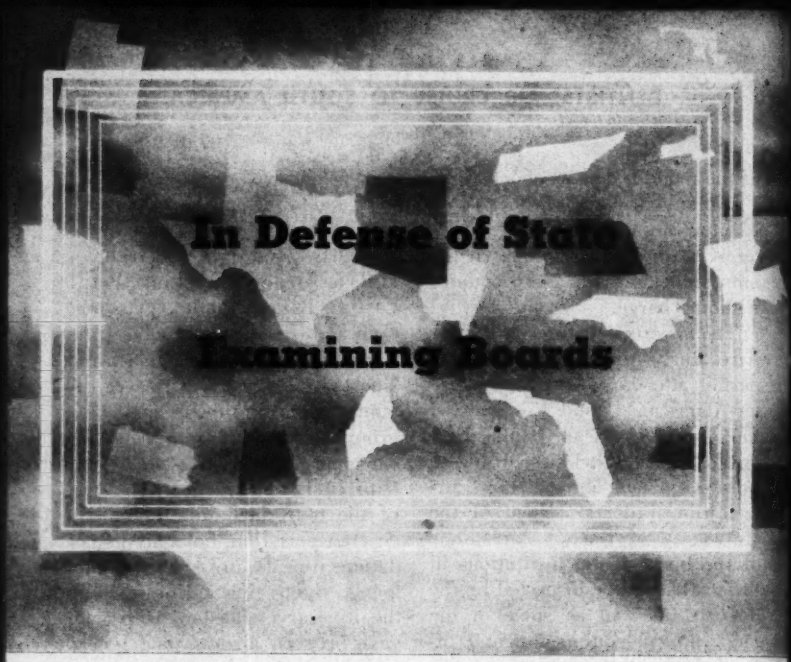
This complete air cruise is to last forty-seven days and includes visits to Arequipa and Lima, Peru; La Paz, Bolivia; Quito, Ecuador; Cali and Bogotá, Colombia; the Panama Canal; Guatemala; and Yucatán. Planes will leave the United States in time to enable the group to take advantage of the summer vacation rate on all air trips to Latin America. The cost of the tour, including round-trip air transportation, hotel accommodations, meals in American-plan hotels, sightseeing as indicated in the itinerary, transfers with baggage between airports and hotels, and the service of an escort, is approximately $2300.

Dentists who have only a limited time available may fly from Miami to Buenos Aires, attend the Dental Congress, and return to Miami. The air fare round-trip from Miami to Buenos Aires will be $750.40 which represents a saving of 20 per cent in air fare as well as the 15 per cent U. S. transportation tax.

Those who are interested in joining the air cruise should send a card at once requesting full details, as there will be several different itineraries, including longer and shorter stopovers. Write to: Dentists' Air Cruise, Pan American Council, 84 East Randolph Street, Chicago.

[1]Hurley, Marcella: A Dentist Turns Detective, ORAL HYGIENE 34:1264 (August) 1944.

XUM



In Defense of State Examining Boards

State examining boards are dentistry's safeguard of its present high standing.

By ***WALTER S. KYES, D.D.S.***

EXTENSIVE material has been written and published about examining boards. In these articles much has been said against these organizations and little in their favor. Every state in the country, however, has adopted laws governing the practice of dentistry within its borders, and has provided examining boards whose duties it is to enforce the laws. Organized dentistry had not been in existence long before it became obvious that control legislation was a necessity, and examining boards were charged with the duties of interpreting and enforcing the laws.

One has but to read the daily newspapers to be convinced of the necessity of placing certain curbs. The records of any active board of examiners will reveal that not all dentists who come under question are those who advertise, but that dentists are quite human in the way of sundry transgressions. Therefore, when a dentist realizes that his license to practice is in jeopardy, he is likely to resort to some fast thinking that will en-

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croach on his sleeping hours and cost him some hard-earned money for legal advice.

Examination Failures

The dental profession, up to the present time, has found no other way to determine a man's fitness to practice dentistry than to subject him to a fair examination. The percentage of successful candidates before boards is relatively high. Failure, where failure occurs, results primarily from lack of preparation on the part of the candidate. Of course it is assumed that the recent graduate is prepared except in rare instances where the person involved is found to be totally unfitted for the career he has chosen. The examining board is almost always blamed for the failure, while the ability of the candidate for license is seldom questioned by his friends. A good way to determine a person's ability is to make an investigation of his college record and also to review his examination papers before the board. In both instances the investigator may be confronted with some revealing facts.

Examining boards seem to reach a climax in their threats to human happiness at any gathering of candidates for licensing. It was my opportunity to attend one of these meetings a number of years ago. At the time these men felt that the coming test would be their "Waterloo." Instead of being confident of their success, they were obsessed with the fear and the threat of failure. In their state of mind the examiners appeared to represent an ogre, quite capable of wrecking human ambitions and devouring anything that might remain. Confidence and preparation will promote one's ambitions more than will fear.

Fair Examinations

I hope that my statement will not be misconstrued when I say that I have successfully passed the examinations of three boards of examiners. In no case was any discourtesy ever shown toward me. On the whole the examiners were an interested, kindly group of men, men whom it would be a privilege to know better or to have as neighbors. My first test was immediately following the close of the college year; the last one some eighteen years later. None of these examinations could be called easy; they merely inquired into what I knew about dentistry, and I tried my utmost to give them the required answers. That I was able to do so was my good fortune. There was no luck or chance about it.

Suppose we abolish college entrance requirements and likewise boards of examiners and go back to the days when there were no requirements for colleges or practitioners; to the time when anyone could establish a college or could, unrestricted, practice dentistry. The result would be little short of chaos, which no one would enjoy. Again, what of the health of the people which justifies the existence

of all health groups and organizations? Should we jeopardize this because some few think that examining boards are unreasonable and superfluous?

No examining board that I know anything about ever grants a man a license because the man thinks that he is entitled to it. Neither will a letter from any source of influence outside the dental profession accomplish much for the unprepared person. The good will of some high-up politician does not give a man the "know how" for what he does not know.

Preparation for Examinations

Is a license in a given state worth going after and getting? If it is, it is by all means worth the preparation which success entails. Current dental literature and recent technical advances in dentistry make good review, and familiarity with the essentials of the subjects taught in college, the things that a dentist should know, would be helpful. Many candidates revolt at the idea of reviewing their college studies in preparation for a state board examination. There is but one significant question to answer and that appears to be, "Is the sought-for license worth the effort?"

I do not know of many men engaged in dentistry who show indications of being overtrained, and, besides, training is not entirely a matter of mechanical skill. A dentist's training should not only enable him to assume fitly a place in a professional life, but in a cultural life as well. After a long period of time, and with ample opportunity to observe, I believe that the attitude of our profession toward the credulity of our clientele could be improved.

I met a man once who claimed that he had successfully conquered sixteen examining boards, and another one who had vanquished nine. They were both optimistic about state boards and the ease with which they could be disposed of in the minor experiences of life. One of them had not yet finished his career of devastation and was at the time preparing for a western examining board that had a reputation for being tough. At parting I wished him good luck, but I could not understand what he wanted of so many licenses unless he needed a unique and glamorous wallpaper for his study.

If examining boards are an extravagance, a nuisance, or a political organization, or are antagonistic to human liberties, let us abolish the laws that created them. Let us go back to the days when anyone could own and operate a college for his own profit or pleasure; and instead of requiring a period of four or five years of intensive training to produce a dentist of capabilities, train him for six months or so. Then where would dentistry be? What would be its status as a profession?

Among the duties of examining boards is that of maintaining certain standards, and certain re-

quirements to uphold these accepted standards. It has required considerable effort, time, and money to establish our present status. Should we give up all the things we have attained because someone is looking for an easy way? Or shall we await the time when someone offers a better method and a tested method, an acceptable substitute for examining boards?

305 *Watts Building*
San Diego 1, *California*

VERN D. IRWIN DIES IN DES MOINES

ON MAY 7, 1947, while attending as a guest speaker the annual meeting of the Iowa State Dental Society in Des Moines, Doctor Vern D. Irwin, 54, died of coronary occlusion.

Doctor Irwin was appointed Superintendent of Dental Health Education in the Division of Child Hygiene, Minnesota Department of Health, in 1936. When the Division of Dental Health was created in 1942 by the Minnesota State Board of Health, he became its first Director. Under his direction, the Division expanded its activities. He originated the position of "dental health adviser" and planned and supervised the training of several dental hygienists for this field work. Doctor Irwin also cooperated in planning and carrying out an extensive program of dental research. Under this program sodium fluoride was first used in the form of topical applications on children's teeth.

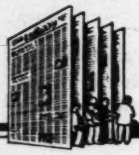
On March 15, 1946, Doctor Irwin accepted the position of Chief, Dental Division, Veterans Administration Branch Office No. 8, with headquarters at Fort Snelling, Minnesota. During the establishment of the dental program for veterans he served in Washington as assistant to Doctor M. M. Fowler, Chief Dental Surgeon for the Veterans Administration.

Doctor Irwin was co-author with Netta W. Wilson of *An Evaluation of Dental Health Literature*. For many years he edited *North-West Dentistry*. He was editor of the *Bulletin of the American Association of Public Health Dentists* from its inception in 1941 until he left the field of public health dentistry.

WHEN YOU CHANGE YOUR ADDRESS

WHEN you change your address, please always furnish your *old* address as well as the new one. Address changes should be sent to the Publication Office of ORAL HYGIENE at 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

XUM



Dentists in the News

Buffalo (New York) Courier Express: A pulsating seat cushion and lumbar pad, designed to minimize fatigue on long flights, was part of the equipment of the Army fighter plane, Betty Jo, when it made its record nonstop flight from Honolulu to New York. The aeromat's inventor, Doctor Donald V. Summerville, a Buffalo dentist, and AAF officials describe the cushion as the softest in existence.

The cushion is a multiple-celled rubber bladder sandwiched between two layers of foam rubber enclosed in a canvas pack. Certain cells in the bladder are connected by small hoses. A pneumatic motor, receiving pressure from a vacuum pump on the aircraft engine, is the "brains" of the device. By turning a valve, air pressure is admitted and released from the bladder through two dual hoses. Immediately the cushion pulsates at a rate which can be regulated. A lumbar pad operates in unison with the seat cushion and serves as an antifatigue backrest.

Doctor Summerville earned his private flying license in 1928. After being rejected for service in the AAF in 1940 because he was "too old" he moved to Canada and enlisted, at 45, in the RCAF. He served for twenty-two months as a staff pilot before he was called into the AAF.

After leaving the Service, Doctor Summerville began his work on the aeromat. His device was accepted by the AAF and was tested on the flight from Honolulu to New York.

Chicago (Illinois) Sun: According to Doctor Floris van Minden, Chicago dentist, less than 1 per cent of all dentists in this country are women. Even though women dentists have done well in this country, the percentage which enters the profession is extremely small as compared with some European and Latin American countries where as high



as 50 per cent of the dentists are women.

Doctor van Minden believes there is a need for more women dentists in this country; particularly in the field of pedodontics. Many of the women who have entered dentistry have made enviable records as practitioners, as teachers in dental schools, or as scientific research workers. Most of the girls who become dental hygienists or dental assistants have the intelligence and ability to go further, and Doctor van Minden believes they would do well to become dentists.

Utica (New York) Observer-Dispatch: The first war damage payment by the United States-financed Philippine War Damage Commission was made to Doctor Agustin Zambrano, a dentist whose office was destroyed during the burning of Manila. Doctor Zambrano received $250 toward his claim.

Salt Lake (Utah) Tribune: Doctor John Soelberg, a Mount Pleasant dentist, recently killed one of the largest mountain lions to be shot in the Mount Pleasant Creek canyons. Tracks of the lion were found crossing a road near a lodge in the canyon. A party of men and their hunting dogs treed the cat after tracking him for an hour and a half. The men tried to bring him down alive, but Doctor Soelberg shot him, as he started to leap from the tree, to prevent injury to the dogs. The lion weighed 155 pounds.

Atlanta (Georgia) Journal: Rod-and-reel fishermen will welcome a new fishing device invented by Doctor Montague H. Tuttle, an Atlanta dentist. It is a sure-fire prevention against backlash.

Doctor Tuttle's device is a gravity brake that can be applied to a reel to keep the line taut. The brake, about the size of a quarter, is automatically applied when the reel is inverted, and released when it is held in a natural position.

Doctor Tuttle has applied for a patent for his invention, and he believes the new device will be on the market soon, as several fishing tackle manufacturers have offered to produce it.

Kansas City (Missouri) Star: Doctor Anton L. Berg, a Chicago dentist, finds hypnotism, used on the right patients, as satisfactory an antidote against pain during dental treatment as any local or general anesthetic. He became interested in hypnosis about three years ago, and now he uses it on about 5 per cent of his patients.

At a recent meeting of the Kansas City Dental Clinic Club, Doctor Berg demonstrated his use of hypnotism during dental treatment. His patient was John Landon, of Chicago, a young man whom Doctor Berg has been treating under hypnosis for some time. Before an audience of about fifty members of the club, this Chicago dentist had his patient in a hypnotic trance in forty-five seconds. The patient's mouth dropped open and he appeared to be sleeping soundly. Then the dentist rubbed his hand over the right side of the patient's jaw and whispered to him that the side would be deadened to all pain. Doctor Berg then proceeded to prepare the lower right first molar. The demonstration lasted about fifteen minutes, with the patient's jaw steady throughout the operation.

Doctor Berg told the gathering he was still cautious about asking a patient whether he preferred hypnosis to an anesthetic. He explained that it was necessary to be sure the patient would cooperate.

New York (New York) Times: In an address before the annual meeting of the New Jersey State Dental Society, Doctor Edward R. White, President, stated that hundreds of eligible dental students are being turned away from dental schools because of lack of facilities. As a result of this condition, he declared, "Dental education is threatened by a willingness on the part of some of our educational institutions to relegate dentistry to a secondary role." Doctor White stated that at Columbia University where the dental and medical schools have been merged, the incoming freshman dental class has been limited to twenty-five students when there are facilities for sixty.

The establishment of a dental school in New Jersey in connection with one of the existing universities was advocated by Doctor White.

(*Continued on page* 1220)

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

KERMIT F. KNUDTZON, D.D.S., 108 North State Street, Chicago.
DOROTHY J. FLYNN, 85 Emerson Avenue, Utica, New York.
MRS. A. E. INSELSBERGER, 177 Lane "A" Anchorage, Clearfield, Utah.
FRANK HARMON, Independence, Ag Hill, Athens, Georgia.
M. B. NEWMAN, D.D.S., 1410 Morris Avenue, Bronx 56.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

AAF DENTAL CLINICS TO HOLD "OPEN HOUSE"

ON AIR Force Day, August 1, 1947, when the Army Air Forces will celebrate their 40th Anniversary, all dentists may visit AAF Dental Clinics and meet the dental staffs. These Clinics will be open for the inspection of dental equipment, which is the best available, and for the observation of techniques used by the Army. All types of dentistry are accomplished at regular AAF bases except orthodontics and complicated oral surgery. These specialized treatments usually are performed at military general hospitals.

There are approximately four hundred dental officers on duty with the Army Air Forces in the United States. This represents one dental officer for every 500 military personnel. Stations with less than 500 personnel are served either by dental officers from near-by bases or by civilian dentists in the locality. An acute shortage of dentists is expected to develop within a short time, and to assist in the procurement of additional personnel the War Department is contemplating legislation that will increase the pay of dental officers.

To celebrate this Army Air Forces anniversary, special air shows and exhibitions of aerial equipment will be held throughout the United States, and Army Air Force installations will have "Open House."

REJUVENATE THE TAX LAW'S HEALTH PROVISIONS!

A certified public accountant offers specific suggestions for increasing health care deductions under the Federal Income Tax Act.

By IRVING ELBAUM, C.P.A.

THERE IS hardly a federal income tax taxpayer who is not familiar with the medical and dental expense deduction. Unfortunately for some taxpayers this familiarity arises when they learn about what they *cannot* deduct, despite the fact that they feel (and logically so) that it is only equitable that they be entitled to the specific deduction for dental, medical, pharmaceutical, and health insurance bills which they paid during the taxable year.

In the main, the income tax law is eminently fair in its interpretation of deductible health expense items. For example, the taxpayer may deduct any money paid for himself, his wife, and his dependents, remembering the fact that in figuring the medical expense deduction certain people may be considered as dependents who were not considered as such in computing the income tax itself. Specifically, if a person has a gross income of $500 or higher he cannot be counted as a dependent for purposes of the income tax, yet this limitation does not apply insofar as the health expense deduction is concerned. Another illustration of the law's fairness—medical care encompasses all sums paid for the cure, diagnosis, treatment, and prevention of sicknesses, diseases, and accidents. Moreover, accident and health insurance premiums are considered health expenses.

There are, however, a few rotten apples at the bottom of the "health expense deduction" bar-

rel. The three most glaring errors are:

1. None of these items may be deducted as medical costs:
   Funeral expenses
   Cost of cemetery plot
   Cremation costs
   Burial costs
   Monument
   Mausoleum costs
   Premiums connected with life insurance policies, paid for double indemnity, disability, or for waiver of premiums in event of total and permanent disability
2. Deduction maxima are set up:
   Single person:
   No dependents $1,250
   One or more dependents 2,500
   Married persons:
   Separate return, with no dependent 1,250
   Separate returns, each with one or more dependents each 2,500
   Separate returns, both husband and wife having one or more dependents total 5,000
   Joint return 2,500
3. Only that portion of the health expenses that exceeds 5 per cent of the adjusted gross income can be deducted.

Something can, and should, be done by the Congress about each of the aforementioned "rotten apples." Since item 1 is relatively minor from a financial point of view of annually recurring tax returns, let us concentrate on items 2 and 3. It would seem only fair that the 5 per cent exclusion and maximum deduction clauses be eliminated from the present law, since:

1. The physicians, dentists, health insurance companies, and druggists report as income on their income tax returns the total amounts the taxpayer pays them, even though the latter is limited as to his deduction by the 5 per cent clause.

2. The $500 annual exemption for each person, which is supposed to cover cost-of-living expenses (which, of course, should include dental-medical expenses), is nowhere near the correct figure, when the United States as a whole is considered. If this annual exemption were closer to $1,000 or $1,250 (which is the range on which most tax reform experts agree), there might be justification for the government retaining the 5 per cent exclusion clause. The fact, however, is that since the $500 does not approach an equitable figure for cost-of-living expenses under today's high price structure, the taxpayer receives a two-barreled economic shot in the back—once, because of the low $500 exemption; once in not being allowed to deduct in full all dental-medical expenses incurred by him.

At the time of this writing the Congress is clamoring for personal

income tax reduction. In addition to lowering the rates it would be most feasible and equitable to eliminate the 5 per cent exclusion and maximum deduction clauses insofar as health expenses are concerned.

As concrete steps in the proper direction I propose that the Congress either eliminate the 5 per cent exclusion and maximum deduction clauses, or adopt the "carry-over" principle (presently used with capital asset transactions), or use the "graduated" idea.

The "elimination" point is self-explanatory. Under the "carry-over" principle the exclusion clause would still be retained (at, let us say, the 4 per cent mark—which has been used by Canada since 1944), but that portion of the health expenses which could not be deducted this year would be deductible in the following taxable year. Under the "graduated" plan, the lower the income bracket, the lower the per cent of exclusion. The following tabulation is illustrative of what might be done in this respect:

Adjusted gross income	*Per cent of exclusion*
$ -0- - $3,000	0
3,001 - 5,000	1
5,001 - 7,000	2
7,001 - 10,000	3
10,001 - 15,000	4
15,001 and higher	5

The "elimination" and "graduated" methods could be administered most easily by the taxing authorities; the "carry-over" plan involves additional time expenditure by the auditors of the Bureau of Internal Revenue in ascertaining whether the correct amount of health expenses was deducted in the second year. Nevertheless, the cost to the government would not be prohibitive.

To portray graphically the differences at three separate income levels between the present and proposed health deductions Table I has been prepared:

TABLE I

Adjusted Gross Income	*Health Expenses*	*Amount Which Taxpayer May Deduct*			
		Present	*Proposed*		
			Carry-Over (4% Exclusion)	Graduated	Elimination
$ 3,000	$ 300	$150	$180	$300	$ 300
5,000	500	250	300	450	500
10,000	1,000	500	600	700	1,000

Under the "carry-over" method, the difference between the actual amount of health expenses and the amount shown as being deductible in the present year would be eligible for deduction in the next tax-

(*Continued on page* 1236)

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Portraits and Profiles

OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.



Left: Oren Oliver, Past-President of the American Dental Association, and M. Don Clawson, President of Meharry Medical College, both of Nashville, Tennessee.

Below: At the first meeting of the American Academy of Oral Pathology at Chicago, Lester Kahn presented certificates of honorory fellowship in the Academy to Colonel James Ash (DC) and Henry A. Swanson.



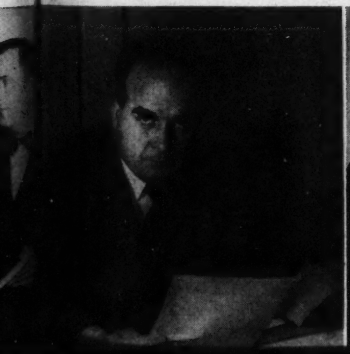


Above: Argentine dentists at the Chicago Midwinter Meeting: Seated (left to right) Fermín A. Carranza; Humberto Aprile, President of the Asociación Odontológica Argentina; Mario Craviotto; Standing (left to right) Jorge Aníbal Bisi; Oscar A. Maisto; Julio Cesar Diaz; Pedro Saizar, Treasurer of A.O.A.; and Roberto Kohan.

Above: Oliver Applegate, Professor of Prosthetic Dentistry at the University of Michigan School of Dentistry.

Below: Carl O. Flagstad, Chairman of the American Dental Association's Committee on Legislation, discusses legislative results with Sterling V. Mead, President of the Association.

Below: Marcus H. Burton, of Washington, D. C.



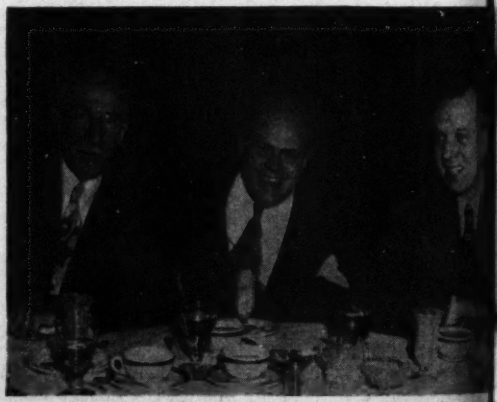


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Above: Dental faculty members of the University of Detroit and Cleveland's Western Reserve University are (left to right): Chester Perry, University of Detroit; George Gardner, Western Reserve University; Steven Applegate, University of Detroit; and William Hurst, Western Reserve University.

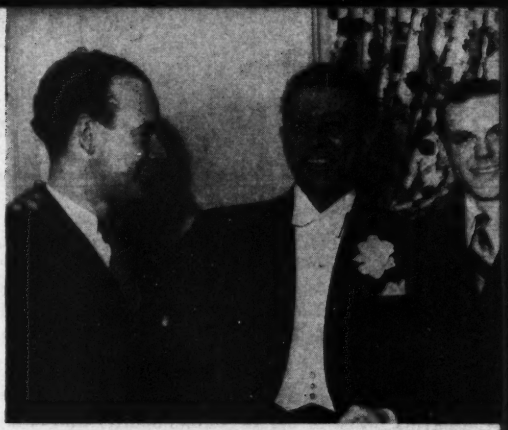
Above: Joseph M. Hawley and M. L. Llewellyn, President of the Alabama State Dental Society.



★

Right: (Left to right) S. Marshall Weaver, of Cleveland; Homer Butts, of Pittsburgh; and Myron C. Roberts, of Buffalo, New York.

XUM



John Weinhold (left) and Krogh Poulson (right) talk of Denmark with Carl Bisson, star of the musical and motion picture world, while visiting in Chicago.

★



George Edward Hill III, Editor of the *New York World Telegram*, was introduced by Daniel F. Lynch (right) when he addressed dental veterans at a dinner given by the District of Columbia Dental Society during its annual Postgraduate Clinic.

★



C. E. Tuttle, of Wichita, President of the Kansas State Board, checks the roster of the American Dental Association with Gordon Teall, Secretary of the Kansas Board, and D. W. McKinnon, member of the Missouri State Board of Dental Examiners.

XUM



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

LIBERALIZE THE HEALTH PROVISIONS IN THE TAX LAWS

IN GENERAL the federal income tax laws are eminently fair to all taxpayers. Most of us, of course, sputter and complain of some of the provisions. We should all like more deductible items and a lower tax rate. The Congress is making a reduction in the individual rate of income tax. A change should be made also in the deductions allowed for health expenditures. Under the present law only that portion of the health expenditures that exceeds 5 per cent of the adjusted gross income is deductible. There are also maximum deductions that are allowable; $1250 for single persons, $2500 for married persons. Both the 5 per cent exclusion and maximum deduction clauses for health expenditures should be removed.

If the proposal for tax reform came from someone outside the health field it might be better received. Coming as it does from a dental publication it might appear as a plea for special privilege for dentists and physicians. It is not our intention to ask for special favors for health workers. It is quite likely that if the 5 per cent exclusion clause were removed and all health expenditures were deductible in any amount people would spend more money for health care and would thereby increase the income of dentists and physicians. They in turn would pay taxes on this increased income. The important point, however, is that people would be spending money for their own welfare.

Whatever people spend for their well-being relieves the government of part of the responsibility for subsidizing health activities. If a citizen pays money out of his own pocket for the prevention, detection, or care of any disease he relieves a governmental agency of that expense. When people cannot pay for health care they go without or become wards of society and the costs of care are paid by their families or from tax funds. If a person goes without attention he dies or becomes disabled and infirm. In either case he is neither a taxpayer nor a producer. Whatever contribution he might have made to society is lost. In many such cases the disabled one lives upon the bounty of his family

or by some form of subsidy from government. If he is supported within the family group the expense is certain to be more than $500 a year which is allowed for dependents and the actual medical care costs are likely to be more than 5 per cent of the gross adjusted income of the taxpayer who is supporting him. We all know that many families are required to mortgage their future security by having to support a dependent. In such cases a $500 deduction for the dependent is not enough and certainly all outlay for medical care should be deductible.

Under the provisions of the internal revenue laws contributions to established philanthropic and social agencies are deductible provided that they do not exceed 15 per cent of the taxpayer's adjusted gross income. This is a fair provision. It means that a person may give generously to a non-personal cause—a church, a scientific or educational institution, the Red Cross, a community chest, or a favorite philanthropy, and take a deduction from his tax return. But a person cannot pay out money for his own health or welfare or that of members of his family and be allowed a deduction unless the amount *exceeds* 5 per cent of his adjusted gross income. In the case of contributions the taxpayer is allowed deductions *up to* 15 per cent of his adjusted gross income. In the case of service for himself or family he is allowed deductions only *after* the expense exceeds 5 per cent of adjusted gross income.

To make all health expenditures deductible is by no means the single answer to the many problems in public health. It is only one facet of the subject. Public health programs of research, education, and prevention will require expansion and government subsidy. In the field of actual direct treatment, however, the government has never been too expert. Most of us feel that people can be better served under the institution of *personal* practice and most of the public is in agreement. No mass production clinic, regardless of how efficiently organized it is, will satisfy the inner demands of people for personalized health service. We can encourage our people to be more self-reliant, more willing to seek early diagnosis and treatment, more agreeable to spend money for their own welfare if they know that their government recognizes the importance and value of health service to the extent of making expenditures for *all* such services tax deductible.

Edward J. Ryan

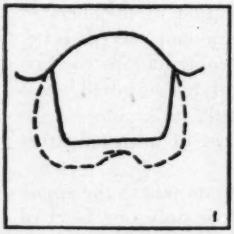


Technique of the Month

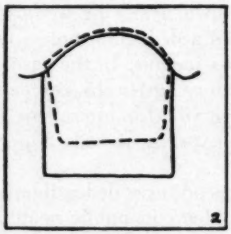
Conducted by W. EARLE CRAIG, D.D.S.
Drawings by Dorothy Sterling

A Method of Taking Impressions for Crowns and Inlays Without Distortion of Margins

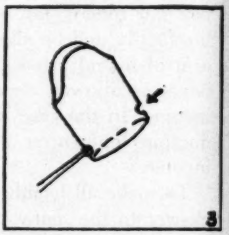
By RAYMOND K. HYDE, D.D.S.



The tooth prepared for a cast hollow metal crown.



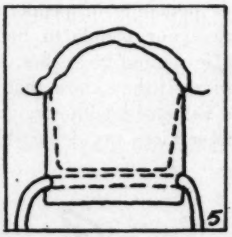
Select and fit a copper band on the tooth.



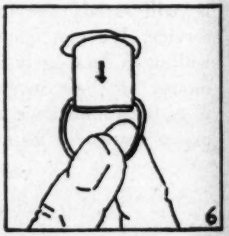
Using a bur, drill a hole on either side of the top of the band.



Thread copper wire through the holes to make a loop handle.



The impression may be removed easily with no danger of sticking or distortion.



Take an impression of the prepared tooth.



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Absorbed Ridge

Q.—I have a patient about sixty years of age for whom I must construct full upper and lower dentures. His teeth have been extracted for many years and the patient has not worn a lower denture. The ridge is much absorbed and the tissue is attached from left to right, almost to the top of the ridge, buccally and labially. In high tongue position, the floor of the mouth comes up to the top of the ridge.

To create a ridge on the buccal and labial sides, do you sever the tissue almost down to the periosteum? Do you cut directly through the lower part of the cord attaching the muscle to the ridge? Approximately how far down from the top of the ridge do you start to sever the tissue?

The patient dreads the postoperative effect. Would anesthetic paste placed on the new denture help?

Do you think creating the additional ridge buccally and labially would give sufficient stability to the lower denture? In constructing the denture, would you bead the buccal and labial to allow for tissue shrinkage after the severance?

Are you now using all acrylic teeth for full upper and lower dentures?—H. H., New York.

A.—In the operation that we use to lower the labial and buccal mandibular muscle attachments, the incision is made near the crest of the ridge clear through the periosteum. The periosteum with its overlying tissue is detached from the bone so completely that the new denture, which is complete and ready for insertion before incision is made, will extend the tissue and attachments to their correct position. This leaves a gap between the edges of the incision to be filled with a blood clot, followed by granulation tissue, and later by normal gingival tissue.

Your patient is correct in dreading the postoperative effect. He is likely to be uncomfortable for two or three weeks. I make it a practice to see my patients every day or two for postoperative care, usually for about three weeks. At these subsequent appointments the anesthetic paste probably would be helpful. I feel that nothing should be put under the denture that might interfere with the entire space being filled with blood clot the first day.

It is of course of vital importance that the denture should be kept in and kept seated during the entire healing period with the exception of the necessary removals for cleansing.

I am still using porcelain teeth for most full upper and lower dentures. I use acrylic teeth when they occlude with natural teeth or gold occlusal surfaces to avoid excessive wear by porcelain. When I do so I caution patients that the acrylic teeth will wear instead and prob-

ably will need to be replaced in a year or two.—V. CLYDE SMEDLEY.

Correct Bite Opening

Q.—I am sending plaster casts of a set of dentures which I made about three months ago. The patient had had immediate dentures which I did not make. She had worn them for a year, but was never able to eat with them.

A short time before her teeth were extracted, while I was examining her teeth on the left side, the head of the condyle on the right side slipped forward and locked. My assistant and I both tried to put it back but could not. Three physicians tried to replace it before they finally gave her a general anesthetic. This has made her nervous and fearful of a repetition of the same experience.

The dentures I have made for her are satisfactory except that after wearing them a few hours her jaws ache and she has the feeling that the dentures are going to fly out of place.

I felt sure there had been some shortening of the vertical dimension since the teeth were extracted. Therefore, I lengthened it 4 mm. Do you think this could be the cause of her discomfort? If so, how much would you suggest that I shorten the bite? The anteriors do not show too much as they are, so if we shorten the bite we will have to make a deep overbite of the anteriors. What type of setup would you suggest here?

On the old dentures the back teeth are off the ridge as well as much off of normal occlusion. The new ones are on the ridge and the dentures are stable, which no doubt accounts for the comfort she has when eating. She does not like this setup, however, and wants me to rearrange them like the old dentures. In case I should do this, do you think they would continue to give service? I have told the patient that I did not think that they would, but I should like to have your opinion.

Your suggestion will be greatly appreciated.—F. M. W., Indiana.

A.—The method I would suggest you should use to establish the correct bite opening in this case is to record the position of the chin in relation to the nose when the jaw is in a relaxed position. This position can be secured by having the patient say "M" with one or both dentures out to be assured of no tooth bearing or guidance. The teeth should be set on new dentures about 3 mm. short of this relaxed position.

When it seems necessary, to provide tongue room or for any other reason, to set the teeth wider than directly over the ridges, I have sometimes resorted to the expedient of tipping the posterior teeth in such a way that the heaviest occlusal contact is toward the lingual of the teeth; throwing the buccal cusps slightly out of contact.

Thus, even though the teeth may be set slightly buccal to the center of the ridges, occlusal stress may still be directed squarely over the ridges.—V. CLYDE SMEDLEY.

Discolored Roentgenograms

Q.—Please tell me what causes the brown film on roentgenograms. The temperature of the developer and fixer is always about 68° F. and both the developer and fixer are changed frequently. The films are washed thoroughly after being taken out of the developer and after being taken out of the fixer.

This discoloration only occurs once in a while.—R. L. C., New York.

A.—If developing standard x-ray films, use clean developing and fixing solutions in clean tanks, wash films at least thirty seconds between developer and fixer, fix for at least ten minutes, and wash in clear water for at least an hour, with temperatures not above 70° F. The film should be handled only with rubber-protected fingers. If this procedure is followed, there

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Justi-facts

66

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Fluorescent ACRYNAMEL, STAINS and ACCESSORIES

478. *Important MUCO-SEAL note: During warm weather or in a warm office, MUCO-SEAL LIQUID should be cooled by keeping bottle in refrigerator or immersing in cold tap water before using.—Assures adequate mixing and working time.*

479. *In #43 JUSTI-FACTS we reported on six full upper and lower DENTA PEARL dentures. The patients were selected primarily for the hard use they would give the teeth.*

480. *Today, three years later, these dentures are still in constant use, the patients are still using them, and the teeth definitely do not need replacing due to wear.*

481. *Despite the constant hearty use of the dentures, it appears that they will have an additional life more than equal to the life they have already enjoyed. These DENTA PEARL teeth are not wearing out.*

482. *Other observations follow:*

a. *The teeth are in good balanced occlusion.*

b. *The lowers made by the MUCO-SEAL technic are still retentive to the first, second and third degree.*

c. *The teeth have been kept clean and they are still polished looking.*

d. *The patients have had less than a single denture adjustment apiece during these three years.*

483. *Kindness to the tissues, maintenance of balanced occlusion, absence of occlusal shock, all add up to patient happiness with DENTA PEARL teeth.*

JUSTI

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should be no discoloration.—GEORGE R. WARNER.

Names on Dentures

Q.—I have seen typewritten names and serial numbers on G. I. dentures. How is this accomplished during the processing of a denture?—A. O. D., Massachusetts.

A.—This may be accomplished in several different ways. One way is to typewrite the data on any paper. Cut out a small piece of paper with typewriting on it. Cut a strip of air-chamber metal the same size. Trial pack over the air-chamber and any paper strip. Remove the metal, leaving the paper imbedded in acrylic with typewriting visible. Fill the space left by the removal of the metal with clear acrylic, close the flask, and process.—V. CLYDE SMEDLEY.

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Julia Baines, R. N.

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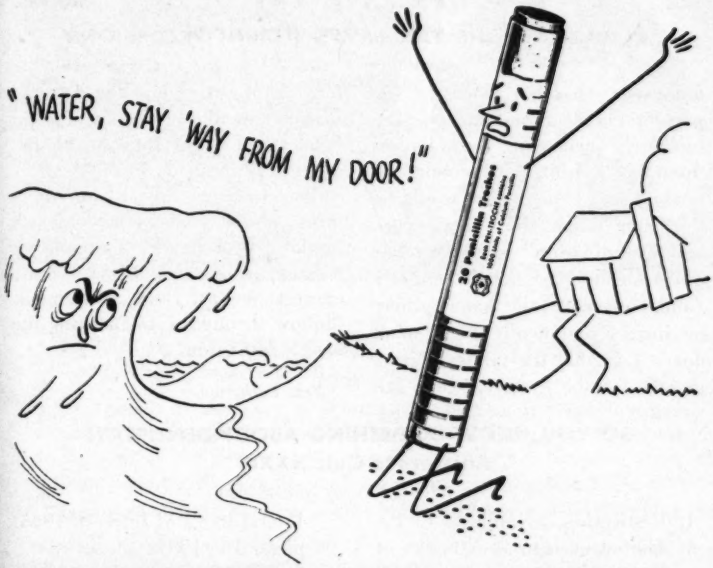
Q.—I often use a spray of ethyl chloride topically on the area of a deciduous tooth that I intend to extract. I should appreciate your informing me whether or not there is any danger in this procedure. Several of these topical sprayings seemed to have the effect of a general anesthetic on the patients for about thirty to sixty seconds. Is there any harm in this, and, if so, what precautions should I take?—A. J. S., New York.

A.—The slight general anesthesia which you notice when using ethyl chloride topically can do no possible harm. Ethyl chloride is rather widely used as a general anesthetic by physicians and dentists; its use being confined to short operations. There is one dentist in Denver who uses it for removal of children's teeth or incising abscesses. He reports good results. However, one must remember that it produces muscular spasms and must be given cautiously and only for short operations.—GEORGE R. WARNER.

Sensitive Devitalized Tooth

Q.—In all your experience, have you known of a case where a devitalized tooth, with the root canal filled, was still sensitive to cold?—S. G., New York.

A.—Yes, and I have even had a patient who suffered an acute toothache in an edentulous area of his lower jaw when the source of his pain was a badly decayed upper bicuspid. For your patient with a sensitive devitalized tooth, I would suggest that you examine all adjacent teeth and even the teeth in the other jaw before accepting the patient's statement that the devitalized tooth is sensitive to cold. It could easily be sensitive to pressure or percussion, of course. —V. CLYDE SMEDLEY.



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**Marsh, David Fielding*
Modern Medicine 14:8:83-91, Aug. 1946

REJUVENATE THE TAX LAW'S HEALTH PROVISIONS

(*Continued from* 1223)

able year. In other words, if the present tax year and the one immediately succeeding it are looked upon as a unit, the amount of health expense deduction would be the same under the "carry-over" and "elimination" schemes. The government may benefit slightly (and, conversely, the taxpayer may be hurt economically to a small degree) in that the taxpayer's net income for the first year may fall into the next higher tax bracket because of the government's refusal to allow the total health deduction to be made in one year.

The Congress must do something about medical and dental "relief." How it goes about doing it is not nearly so important as its earnest desire (and consequent "follow through") to increase the health deduction.

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SO YOU KNOW SOMETHING ABOUT DENTISTRY!

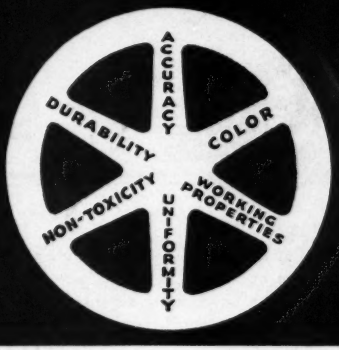
Answers to Quiz XXXIV

(*See page* 1205 *for questions*)

1. Resorption. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 127)
2. (c) retard. (Mustermann, H. W.: Principles and Practice of X-Ray Technic and Interpretation, Dental Items of Interest, 1945, page 137)
3. (c) less. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 38)
4. (c) concave. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 17)
5. (a) radicular cyst, (b) follicular cyst, (c) granuloma. (Mustermann, H. W.: Principles and Practice of X-Ray Technic and Interpretation, Dental Items of Interest, 1945, pages 166-198)
6. (a) copper, (c) antimony, (e) tin. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 484)
7. (c) canines. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 37)
8. (a) greater. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 119)
9. (c) young people. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 139)
10. (b) two weeks. (Mustermann, H. W.: Principles and Practice of X-Ray Technic and Interpretation, Dental Items of Interest, 1945, page 8)

The Wheel of the

BALANCED FORMULA



The Genius of Chemistry . . .

● The genius of chemistry is revealed in compounding and balancing a complex formula—a formula which has not one, not two, not three, not four or five, *but all the characteristics* of a modern denture base material.

Then—*and then only*—do you have a balanced formula.

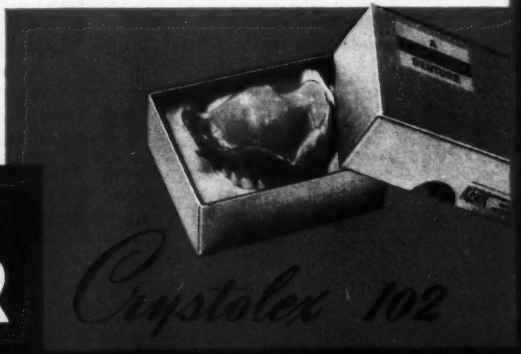
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Laffodontia

A teacher was giving her class a lecture on charity. "Willie," she said, "if I saw a boy beating a donkey and stopped him, what virtue would I be showing?"

Willie (promptly): "Brotherly love."

★

A young man and his fiancee had wed and were spending their honeymoon at a large hotel. When bedtime came the bride went to bed and the groom sat by the window and gazed at the moon and stars. The bride called to him and asked: "Why don't you come to bed?"

Replied he: "My mother told me my wedding night would be the most beautiful night of my life, and I'm not going to miss a minute of it."

★

Young man: "Sir, I've come to say that your daughter says she loves me."

Papa: "Aaah yes, and you want my permission to marry her?"

Young man: "No sir, I want you to make her behave."

★

He: "Why are you suing your boss for damages?"

She: "Because he was so bow-legged, I fell through his lap."

"But, Betty, don't you trust me?"

"Yes, Lloyd, I'll go to the ends of the earth with you; but I absolutely refuse to park on the way."

★

"I see in the paper that a widower with nine children out in Iowa has married a widow with seven children."

"That wasn't a marriage, that was a merger."

★

A visitor at the Capitol was accompanied by his small son. The boy watched from the gallery when the House came to order.

"Why did the minister pray for all those men, Daddy?"

"He didn't. He looked them over and prayed for the country."

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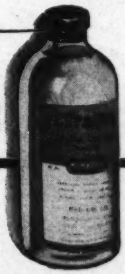


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"But his tantrums disappear when I spray his mouth with Cēpacol, the foaming detergent solution that rapidly kills most bacteria common to the oral cavity, yet is safe for everyday oral hygiene. He calls it 'recess time,' and says,

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Following multiple exodontia or extensive oral surgical procedures, the nutritional state must be maintained to encourage rapid wound healing. Furthermore, during the period when mastication is impossible, liquid feedings of acceptable composition must be prescribed to satisfy hunger.

The nutritious food drink made by mixing Ovaltine with milk finds wide applicability when liquid feedings are required. It provides a wealth of essential nutrients in readily digestible form, and caloric food energy to allay hunger. This dietary supplement provides biologically adequate protein, readily utilized carbohydrate, easily emulsified fat, B-complex vitamins as well as ascorbic acid and vitamins A and D, and the essential minerals calcium, phosphorus, copper and iron. Patients enjoy its delicious taste, and drink it with relish hot or cold two or three times daily as required.

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CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

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in an inevitable trend toward
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A practical device with a clear guard shield in which you do all of your grinding and finishing of gold restorations. Clamps on the bracket tray, headrest. Stays where placed. Prevents work from dropping on the floor and searching for inlays. Also used when trimming impressions and plates. No dirt or dust on the patient's and operator's clothes. Worth-while economy in good times and BAD. The gold grindings saved pay for it in a short time. **If your dealer cannot supply, order direct. Send for it now. Costs but $4.50.**

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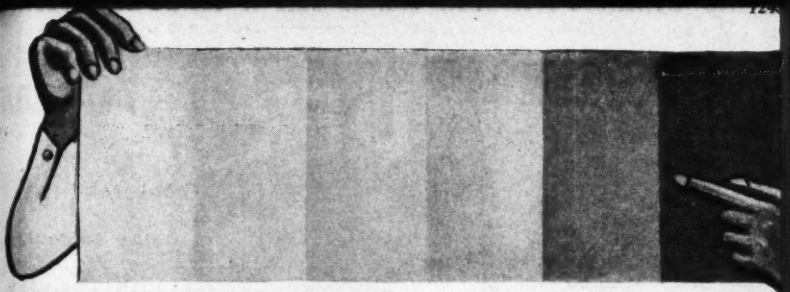


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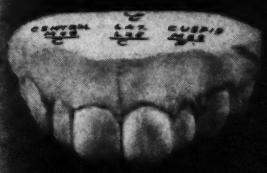
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RECORDER



"RECORDER" MODEL

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FIVE-PHASE ANTERIORS

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"PERSONALIZED" DENTURE



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Modern

RESEARCH HAS SHOWN CONCLUSIVELY THAT THE "FAMILY" SIMILARITY OF TEETH PERSISTS THROUGH GENERATIONS AND IS GOVERNED BY THE LAWS OF HEREDITY

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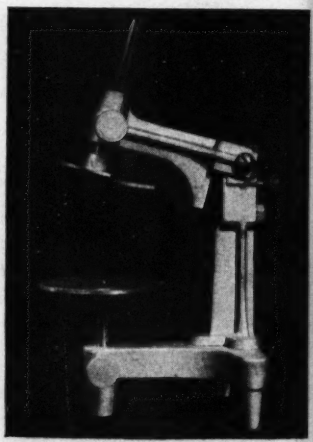
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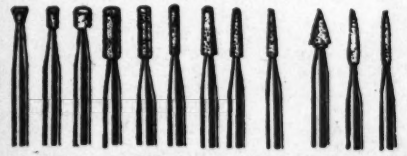
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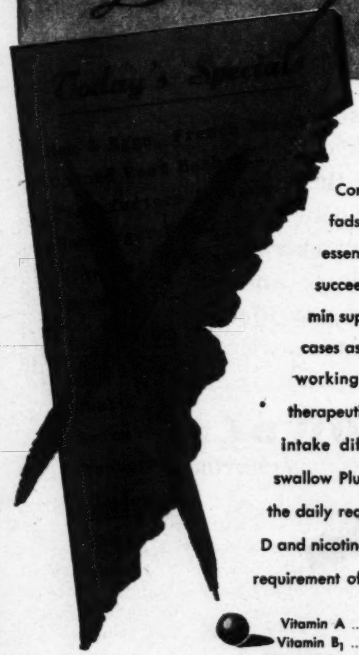
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STYLE 11X

$5.15 ea. Simpson's Queen Anne Sanforized Poplin, 3 for $15.80

$3.95 ea. Indian Head Suiting, Sanforized Shrunk 3 for $12.10

Illustrated here is one of the many models in our Ready-to-wear line styled for appearance, comfort, and free action . . . made of either of two Nationally advertised materials. The model shown is furnished with Scovill rust and laundry-proof Gripper fasteners. For details of this complete line, write for Catalog OD-1.



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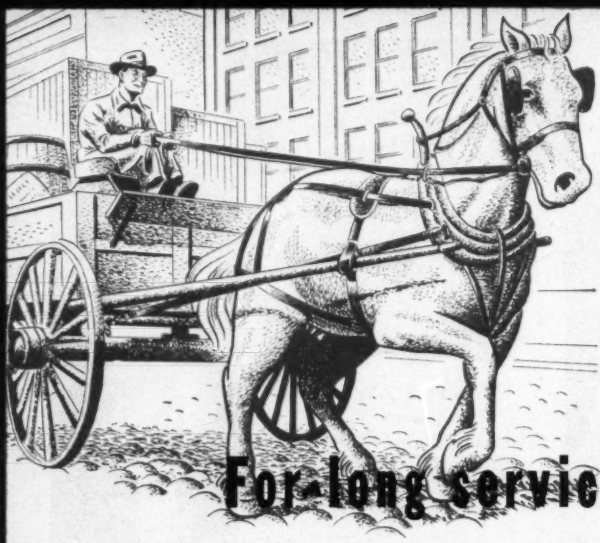
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Sizes 12- 42

Just one of many flattering Ready-to-wear models combining crisp professional appearance with comfort and free movement. Made of Simpson's Soulette 2-ply Combed Poplin for long service through many launderings. Note how our stylists have designed this dress for easy laundering without sacrifice of charm. When available, we will offer several styles made of Koda (Diagonal) Rayon. Send today for latest Style Book ON.

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For long service . . .

To insure satisfactory service from a bridge—and *particularly* an anterior bridge constructed with porcelain incisals—the articulation should always be carefully checked and the bite balanced before the patient is dismissed.

This is especially true since it has become more or less common to construct bridges from a partial impression and with only a "snap" bite. Bridges so constructed will be in articulation only by accident. Full mouth models are essential if the technician is to correctly articulate a bridge case—on an articulator capable of duplicating *all* motions of the jaw. Otherwise it becomes necessary for the *dentist* to articulate

Ivoclar P.B.E. (PORCELAIN BITING EDGE)

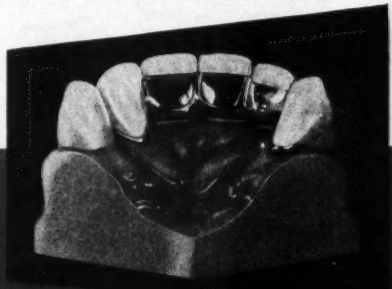
It ain't the 'eavy 'auling
That 'urts the 'orses 'oofs.
It's the 'ammer, 'ammer, 'ammer
On the 'ard 'ighway.

avoid the *shock of impact*

the bridge. In either case one should always be sure, before dismissing the patient, that no motion of the jaw can concentrate its full force on an anterior bridge tooth during the process of mastication.

Steele's P.B.E. (porcelain biting edge) interchangeable facings are being increasingly used; and when the shock of impact on a single tooth is avoided, bridges made with P.B.E. facings are completely serviceable—as well as *the last word esthetically*.

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NEW HUE FACINGS

Helps 3 ways in

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combines Analgesic Antipruritic and Antiseptic Properties

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A BAD BREAK . . .
but QUICKLY REPAIRED



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● NO WAXING ● NO MIXING
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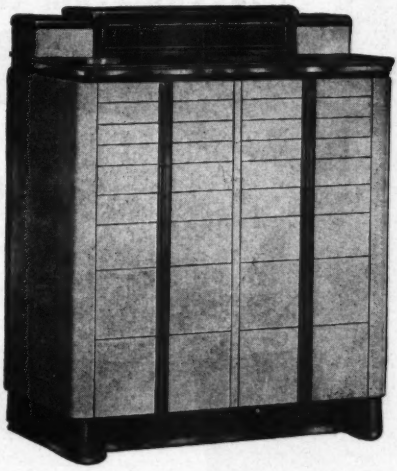
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Please send Bendick All Purpose Polish. ☐ $.60 size. ☐ $1.50 size.

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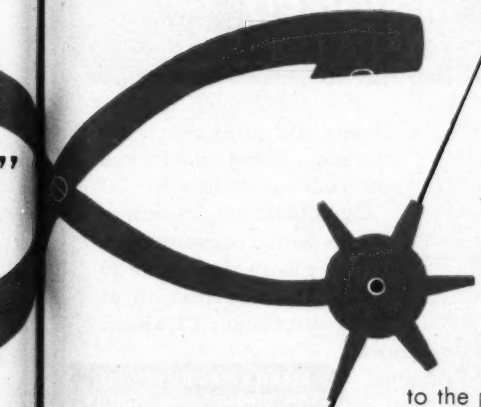
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The Cleanser Prepared Exclusively for PROFESSIONAL USE!



Exacting standards required by the dental profession are fully met by the Sterodent Cleanser formula. It is fast, efficient, dependable. Holds brush without spattering or flying.

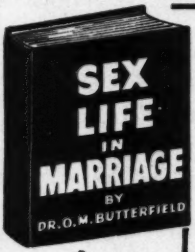
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USE IT WITH ORACLENZ Coagulent Mouth Rinse

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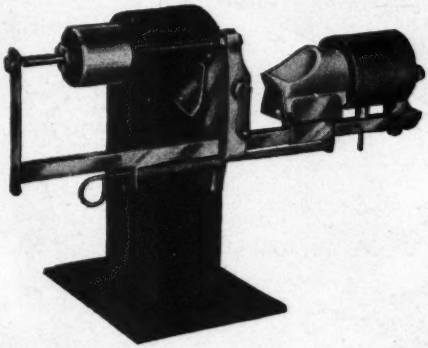
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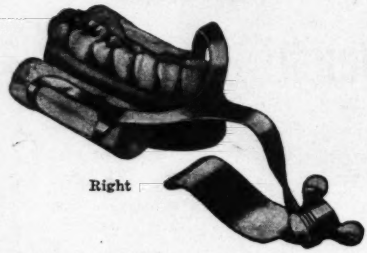
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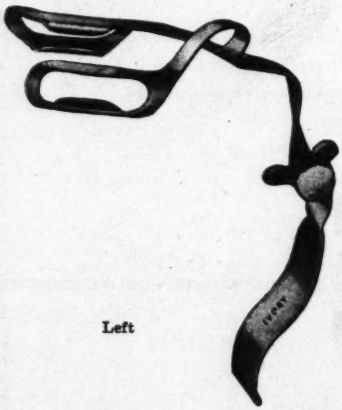
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ADULT SIZE



Right

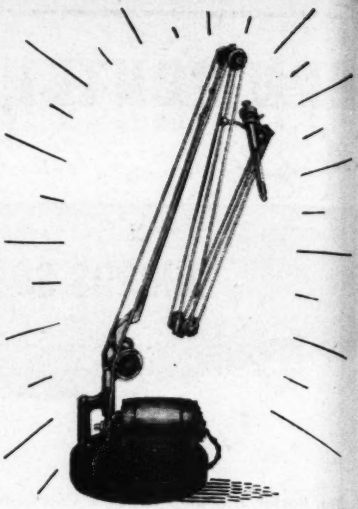
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ENLIGHTENING FACTS!

- "As to my impression of STIM-U-DENTS—they have been a godsend in my practice.
- "The principles involved and the pleasure all of my patients derive and express from their use are a source of great joy to me.
- "I have yet to see a case of gum hyperaemia, even with attendant hemorrhage, in my practice, that the daily use of STIM-U-DENTS in conjunction with office treatment, has not brought a normal healthy condition within ten days. The compressible and adaptable features of the wood when moistened by the saliva to desired saturation before using, present the ideal combination in both therapy and hygiene of the mouth, namely, cleanliness of the areas forming the interdental space and removing the media from a natural germ harbor, together with the stimulation that rids the gums of passive venous blood.
- "In conclusion I cannot help writing of the immaculate condition of the cervical borders of fillings in mouths under the daily influence of STIM-U-DENTS.
- "To me they are the greatest prophylactic or preventive instruments in mouth hygiene yet devised for the use of the patient at home."—Albert L. LeGro, D.D.S., F.A.C.D.
- Don't overlook STIM-U-DENTS! ASK FOR SAMPLES today, the results are most convincing; or, better still, mail coupon and obtain our Professional Courtesy Package containing 100 Special Packets for only $1.00 postpaid.



Keep Your Patients Thinking of You.

STIM-U-DENTS

Stim-U-Dents also make excellent wedges in inlays and other procedures.

PROFESSIONAL COURTESY PACKAGE (This offer confined to members of the profession only.)

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54 Alfred St., Detroit 1, Mich.

Enclosed find $1.00. Send me Professional Courtesy Package, containing 100 Special Packets (like cut) designed exclusively for dentists.

☐ 500 SPECIAL PACKETS (LIKE CUT) $4.00 POSTPAID.

☐ 25c RETAIL PACKAGE $2.25 PER DOZEN POSTPAID.

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A noteworthy advance in the
bases as significant to dentistry

ONLY YOUR VITALLIUM LABORATORY CAN GIVE YOU THE

AUSTENAL LABORATORIES, INC

the processing of partials and full denture
displays the advent of the one-piece casting.

NEW STANDARD IN ORAL COMFORT

Pre-tested Flexseal precision segments take advantage of the optimum qualities of the superior Vitallium alloy. Their design, dimension and contour have been determined by the success in function of over two million practical Vitallium cases. No excess metal is provided in Flexseal segments. For your patient this means an appliance that is lighter, finer, more graceful, yet stronger. In short, a Flexseal-built Vitallium case offers greater mouth comfort and patient satisfaction than heretofore thought possible in a removable denture.

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THE ADVANTAGES OF FLEXSEAL CASES

NEW YORK • CHICAGO

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MASEL

Ready-made Open Face Gold Teeth for Dentures

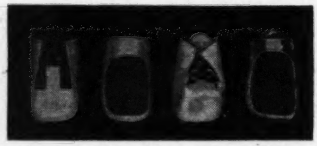


FIG. 1 FIG. 2 FIG. 3 FIG. 4

A new type of Ready-made GOLD TOOTH used in Dentures with a Porcelain Tooth placed inside of Gold Tooth.

TECHNIQUE: Insert porcelain tooth in Open-Face Gold Tooth, *making certain the incisal tip of porcelain tooth meets the incisal tip of the gold tooth.* In many cases you will have to grind the lingual side of the incisal tip of porcelain tooth slightly because some porcelain teeth are thicker at the incisal tip than our gold teeth. If it is necessary to slit the Open Face Gold Tooth do so at the lingual side so that porcelain tooth may be inserted. Burnish the gold around the porcelain tooth as close as possible as illustrated in figure 3.

Prices: B. . . $1.50; C. . . $1.85; D. . . $2.25; E. . . $2.60; F. . . $2.90. Order from your dealer or write us for illustrated folder.

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CROWDED TEETH

BURLEW

READY-CUT

WEDGES

PATENTED

Separate teeth for cavity preparation, filling and for interproximal cleaning.

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About 100 Ready-Cut Celluloid Wedges in assorted sizes — 2 Separating Discs — 1 Wedge Setter.

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FULL DENTURE
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Recommended for use in the McGRANE TECHNIQUE

Full Compound and Full Plaster Techniques – and in Rebasing

PLASTOGUM does not compress the soft mucosa or tissue.

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PLASTOGUM is economical to use.

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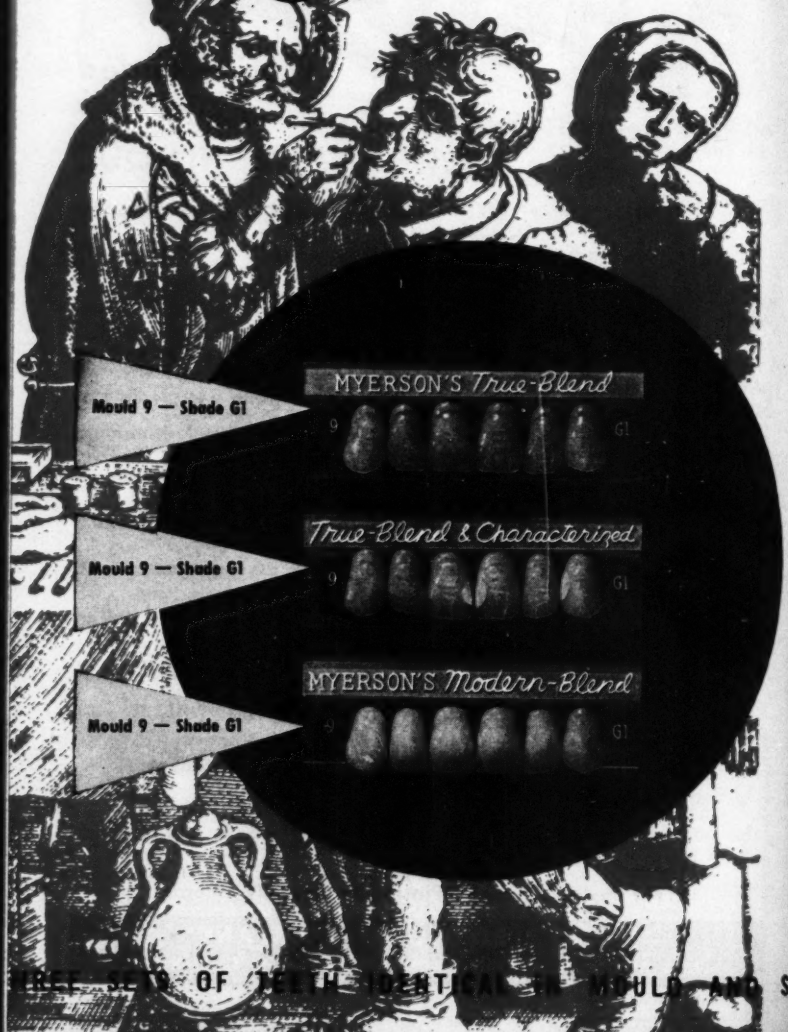
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Dentistry



THREE SETS OF TEETH IDENTICAL IN MOULD AND SHADE

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Operative and restorative dentistry has made great progress since the days when this "dentist" worked in his home "assisted by his wife".

THE NEW MYERSON SYSTEM OF TOOTH SELECTION

Today, when partial or complete restorations finally become necessary, Myerson Teeth, so natural-looking that they cannot be detected, are available.

Now Dr. Myerson's new system of selection provides a tooth for every age group and also for individual variations. True-Blend, Characterized and Modern-Blend. . . . All three lines are now available in identical moulds and shades with the famous Myerson Transparent Enamel.

Remember, only with this simple, scientific system can you select a mould and shade for your patient and have that mould and shade in *any one of three lines*, individualized according to your patient's requirements.

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PATIENT A — Forty Plus . . . Maturing effects — True-Blend preferred



PATIENT B — Rugged Appearance . . . Had fillings — Characterized indicated



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Sanitize
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Quickly
in 1 operation
Clean and
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. . . used after each patient, provides you with a clean, well lubricated, sanitized handpiece, in just one minute. A dependable product for 23 years, now better, at lower cost.

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—*insure lasting success*

Two ogres bedevil Operative Dentistry, lying at the very root of its woes and failures. They are Shrinkage and Expansion. Whether in fitting a restoration to the cavity or in providing for its intended permanence, no amount of care can wholly overcome them.

They *inhere* in the multiple nature of the materials used in making dental restorations, with the attendant variability in the interactions of their diverse components, both with each other and with the crown of a tooth.

But there is one notable and honored exception—a Gold Foil. No alloy, no amalgam, no chemical compound—nor, like an Inlay, a composite—a Gold Foil is free from all harrying variables. Hence its control, during manipulation, is easier; and its permanence, in service, more lasting. Properly handled, a Gold Foil never lets you down—not even after 70 years!

Would you like information about this wonderful material *regularly?* Simply mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 2314 Market Street, Philadelphia 3, Pa.—Established 1820.



A Gold Foil after 57 years! (Courtesy Dr. M. B. Carter.)

A gold foil does more . . . is worth more!

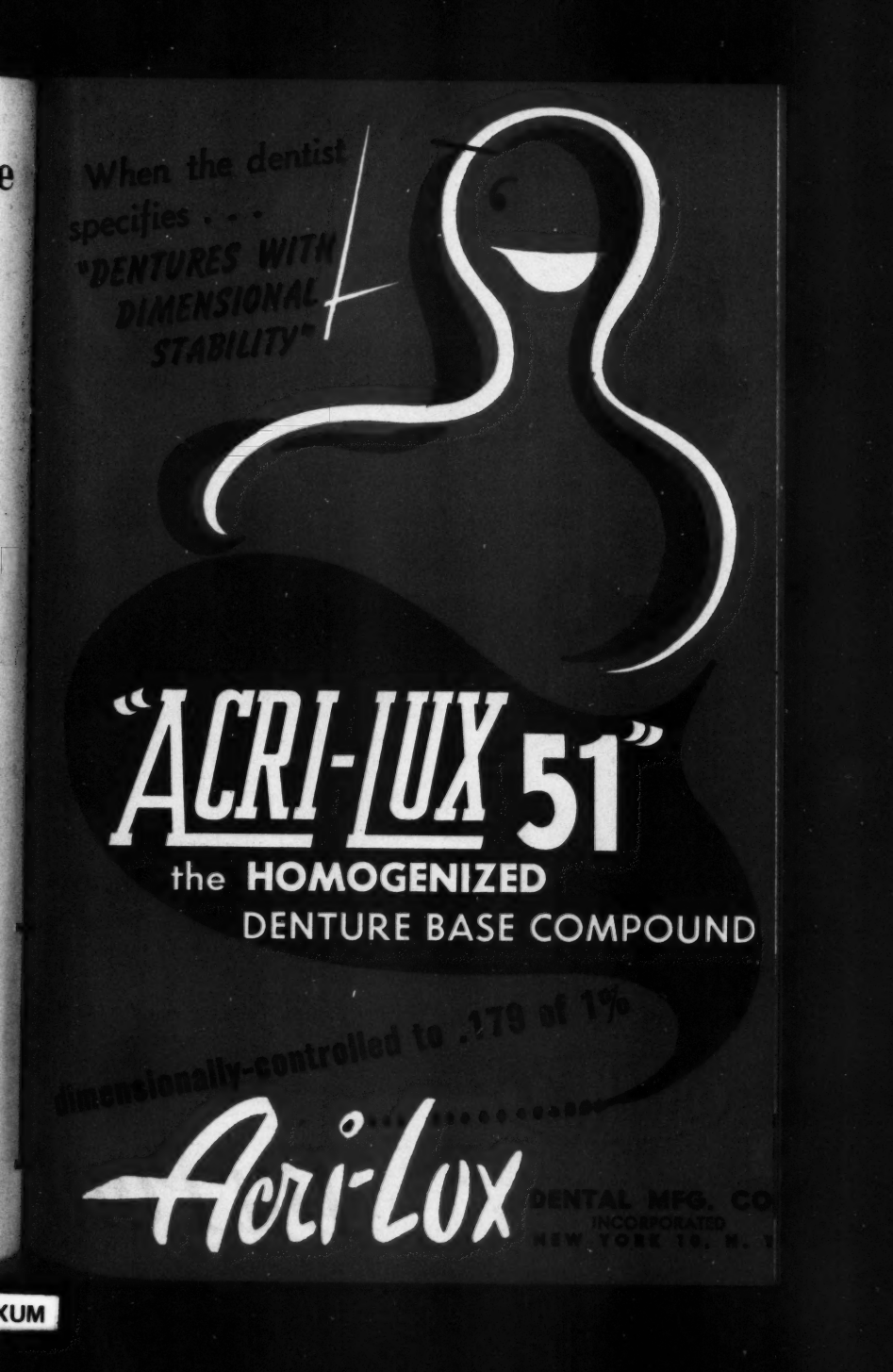
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Three perfectly matched golds...harmonious in color, identical in price and easy casting technic.

A-1 is for Inlays
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When the dentist specifies . . .
"DENTURES WITH DIMENSIONAL STABILITY"
"ACRI-LUX 51"
the HOMOGENIZED
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dimensionally-controlled to .179 of 1%
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BETTER THINGS FOR BETTER LIVING
. . . THROUGH CHEMISTRY
Du Pont

e needed a hanky to hold a man!

Male admirers flocked around this court beauty . . . as long as she handled her handkerchief cleverly. For this bit of lace hid her ugly, misshapen teeth. Up till the end of the 18th century, ladies of southern Europe made it a practice to hold a dainty handkerchief before their mouths when in company.*

In those days, dentists simply removed any bad teeth, and either inserted a crude, unsightly plug to aid chewing or left a gaping hole. Although many new dental devices were developed during the following century and a half, none was satisfactory until the advent of scientific dentistry.

Today . . . long periods of painstaking research and development lie behind a new dental product. Such is the case of "Lucitone," Du Pont's denture material. Thanks to the years of constant Du Pont research and manufacture allied with dental know-how, "Lucitone" is a standard of excellence in denture material and combines the most desired qualities for laboratory, dentists, and patient.

*From an article in Oral Hygiene, "Dentistry's Dim History."



WHY DENTISTS CHOOSE "LUCITONE" DENTURES:

NATURALLY LIFELIKE—improved appearance in the mouth.
TRANSLUCENT—create a "real" appearance.
PURE—contain only the finest material.
STRONG—resist sudden blows and falls.
ODORLESS AND TASTELESS—pleasant to wear.
ABRASION-RESISTANT—resist scratching and pitting.
DIMENSIONALLY STABLE—retain shape.

***"LUCITONE"** is the trade mark of the only acrylic resin denture base material completely processed by Du Pont. "Lucitone" is distributed by the L. D. Caulk Company, Milford, Delaware.*



t "Lucitone"

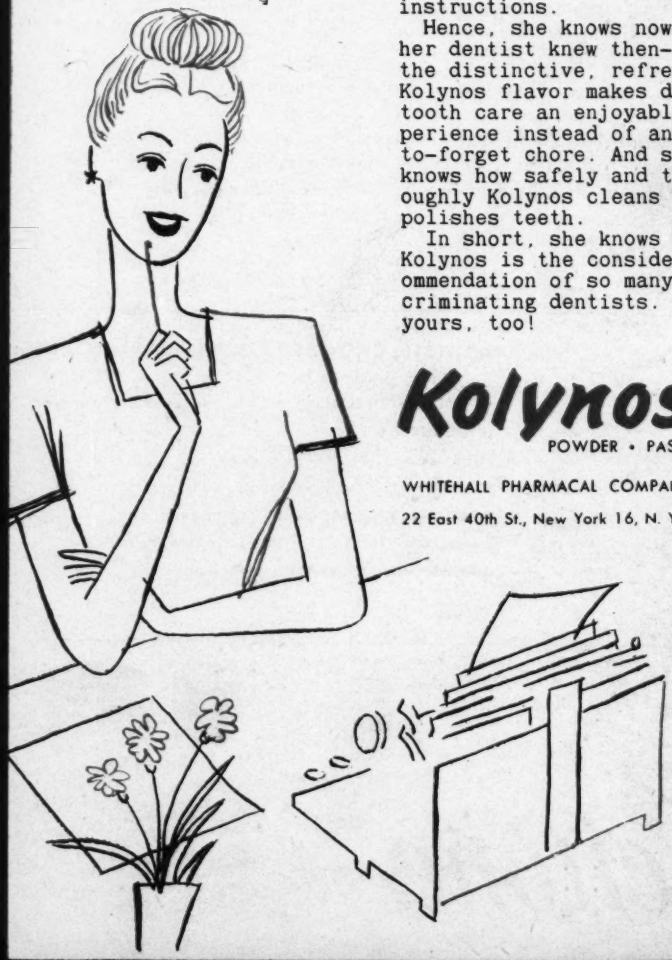
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We let our secretary write this ad

And why not? She, too, is quite familiar with Kolynos... and has been since early childhood when it was included in her first tooth brushing instructions.

Hence, she knows now what her dentist knew then--that the distinctive, refreshing Kolynos flavor makes daily tooth care an enjoyable experience instead of an easy-to-forget chore. And she also knows how safely and thoroughly Kolynos cleans and polishes teeth.

In short, she knows why Kolynos is the considered recommendation of so many discriminating dentists. Make it yours, too!

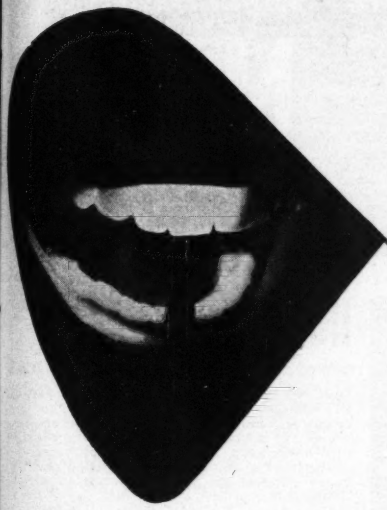


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thru and thru

Ceramicast teeth are lifelike *through and through* . . . transmitting and diffusing light rays just as living teeth do. Cast by centrifuge and of specially formulated porcelain, Ceramicast teeth are of dense, even composition throughout . . . free from tiny irregularities which hinder passage of light. As a result, their translucence and density closely approach those of natural teeth.

Ceramicast teeth . . . translucent, fluorescent, and *green-free* . . . are available in eight natural shades and ten beautifully-carved molds.

To insure you better distribution of Ceramicast teeth, we are currently accepting additional dealerships throughout the United States and foreign countries. Write for the name of your nearest distributor.

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EFFECTIVE SURFACE ANESTHETIC

NUM has everything it takes!

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- Pleasant smelling
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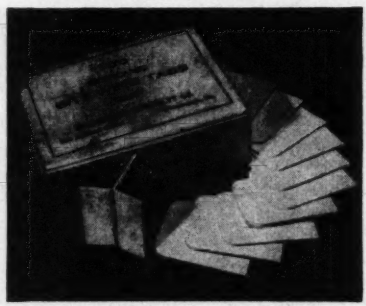
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DENT NUM

TRADE MARK REG.

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IMPROVED BITE-WING TABS.....

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Hundreds of dentists are using IMPROVED BITE-WING TABS on every film. This procedure is a most effective, and most economical means of disclosing *all* the cavities the first time. Why not have this constant assurance on each x-ray you take? Your patients will be better pleased too because treatment will be complete.

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A scientific burn out oven recommended for discriminating dentists and technicians. Heating Chamber 8 x 4¼ x 3¾. Stainless Steel housing. For literature send name to factory representative: ($179.50 f.o.b.)

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CLASS 2 MALOCCLUSION

One of a Series of Pepsodent Messages to the Public



Receding chin ruining your child's appearance?

This little girl's receding chin was spoiling her looks and her poise. A dentist discovered that *the forward growth of the girl's jaw was being checked by improper position of her teeth.* Fortunately, she was taken to the dentist in time to correct her teeth and allow her jaw to develop normally. Today, she's a different girl...better-looking, well-poised! Parents, be sure *your* children visit the dentist early—and regularly! And insist on careful brushing with Pepsodent Tooth Powder twice a day!



Pepsodent has urged professional care for such cases in over 185,000,000 advertising messages!

The word, "malocclusion," wouldn't mean a thing to most people . . . but the promise of a stronger-looking chin, a better appearance, immediately strikes a responsive chord. That's why we use this appeal in educational panels in Pepsodent advertisements . . . to encourage people to see their dentist *early* for needed care. Simple drawings showing development of authentic cases, point out the advantages of professional treatment. We are telling your story in words the average person understands . . . and in papers the public reads. More than 185 million readers have already had the chance to get this particular story in Pepsodent advertisements.

"See your dentist twice a year" is the slogan originated by Pepsodent and featured in its advertising for 18 years.

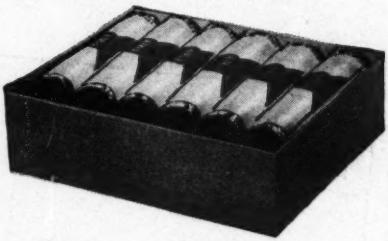
Pepsodent DIVISION OF LEVER BROTHERS COMPANY

PEPSODENT TOOTH PASTE • PEPSODENT TOOTH POWDER
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Products of Lever Brothers Company

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GENUINE HYDROCOLLOID IMPRESSION MATERIAL

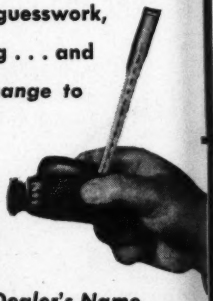
PRE-WAR QUALITY



Available again in individual latex "Heat-Meter" units. Also packaged in jars of six or fifty sticks for the laboratory.

Build your Dentures on accurate, hard-surface models! The "Heat-Meter" technic is easy, definite and fast. No guesswork, no mixing syringes, no burning . . . and above all, *no dimensional change to destroy abutment teeth!*





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COMBAT DENTAL CARIES IN CHILDREN



CHILDREN'S TEETH SHOULD BE EXAMINED PERIODICALLY

An Inadequate Supply of minerals, particularly of calcium and phosphorus, has been recognized for some years as an underlying factor in faulty skeletal growth and in improper tooth development and enamelization. More recently the importance of a minimal but adequate intake of fluoride has been emphasized as a factor in decreasing the incidence of dental caries.

Not only during growth but during pregnancy also there is an increased need for minerals since decalcification, which is frequently accompanied by dental caries, is common.

Fluorossteol Armour is a logical means of overcoming mineral deficits because Fluorossteol Armour, which is prepared from femurs of government inspected cattle, contains about 95 per cent calcium and phosphorus with smaller percentages of magnesium, sodium, potassium, strontium, barium, silicon, aluminum, iron and traces of chromium, copper and manganese. More important, Fluorossteol Armour contains small amounts of fluorine in the form normally found in bone and teeth. Thus an adequate intake of minerals, in the normally occurring ratios and including fluorine, can be accomplished.

Fluorossteol Armour is available in two forms:

1. 5 grain tablets (bottles of 100, 500 and 1000).
2. 5 grain telescopic gelatin capsules (bottles of 100, 500 and 1000). The powder may be readily removed from these capsules for incorporation in formulae or semi-solid food.

The dose for children up to 3 years of age: 10 grains daily in food or liquids; children 4 to 8: 15 grains daily given as above. For older children and pregnant women, the tablets may be prescribed to be chewed and swallowed (3 to 6 daily).

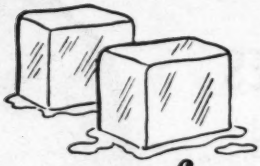
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Warm for Alginate

When mixing  alginate impression materials in warm weather, you should have a thermos bottle  of ice water on hand. (Many dentists do this all year 'round). Always check water temperatures carefully *with a thermometer,*  because the

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D P Three-In-One-Cream



D P Elastic Impression Cream



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material's setting time  is determined by temperature. Follow the manufacturer's recommendations  carefully... cooperate fully with your dental laboratory  and you will obtain uniformly satisfactory results.

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May we show you how we rebuild old, wobbly handpieces so they equal new ones? Our experts remove worn out parts and starting with the empty housing rebuild completely. New parts and bearings are individually "lapped in" to a fine micrometer fit . . . for perfect, smooth, silent operation. Do more pain-free work . . and in less time! All Mullen Bros. rebuilt jobs fully guaranteed for service good as new. Straight Handpieces Re-Built $10.00; Angles Re-Built $4.45

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Save and send worn out burs. Only those that meet exact specifications are selected. Finest tools and machinery are used by expert craftsmen to grind them a size smaller. For smooth, fast cutting burs, as good as new, mail some today. $4.10 per gross. (Introductory four dozen $1.00)

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How many products can match* POSTOLENE'S *record?

Yes, **Postolene** has a 41-year record behind it . . . ample proof of its effectiveness for successful treating of root canals and abscessed teeth. **Postolene** is a **must** with many of your fellow practitioners. **Have you tried it yet?** It costs only $1.00 for generous trial jar . . . it is fully guaranteed. Order from your dealer today.

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Send stone models to us for exact fitting cast removables and modern dentures.



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Discriminating dentists no longer wonder; "Who makes the best diamond instruments?". They simply standardize on Diamond "R" Instruments...the guarantee is broader with *no time limit,* plus a REPLACEMENT PLAN for worn instruments which you'll agree is the answer to true economy in the use of diamond instruments.

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DON'T OFFEND

with an unsuspected Body Odor!



"MANN" *Antiseptic* BODY DEODORANT

. . . will keep you safe . . . and keep you *sure* that no patients will "cross you off their list" because of an unpleasant odor suddenly induced by excess perspiration during busy working hours in a warm, overheated office.

Use "MANN" Antiseptic BODY DEODORANT for absolute assurance that you will not offend. Very economical, too.

COST LESS THAN 1¢ PER DAY TO BE SAFE AND SURE

ORDER FROM YOUR SUPPLY HOUSE

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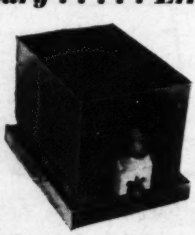
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This master apparatus has attained country-wide approval because of its *positive action* in matrix separation and retention. Spring tension separator . . . tighter contact on finished restorations . . . extremely useful in inlay wax technics . . . a scientific aid to good workmanship. Complete set: 2 adult, 1 deciduous retainer; Stim-U-Dents for wedges; 8 feet soft Tru-Chrome matrix material. Available now at your local supply house.

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Uniform Mix
Sanitary . . . . . Efficient



The improved Rose Amalgator insures a uniform mix. It comes to you ready to be put in use, requiring no mechanical adjustments. Simply place the alloy and mercury in the mixing chamber, turn the control handle to the right until it reaches the stop button, then release. The mixing chamber (located immediately above the control handle) is easily removed or attached by one full turn. A rubber pad attached to the bottom of the base prevents marring of furniture. Available in either black plastic or polished aluminum. Price, complete—ready to use, $55.00.

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The postcibal custom of so many patients, of chewing Dentyne Gum, is heartily endorsed by many dentists. In competent opinion,[1,2] such extra-masticatory effort helps provide two essentials for maximum oral hygiene:

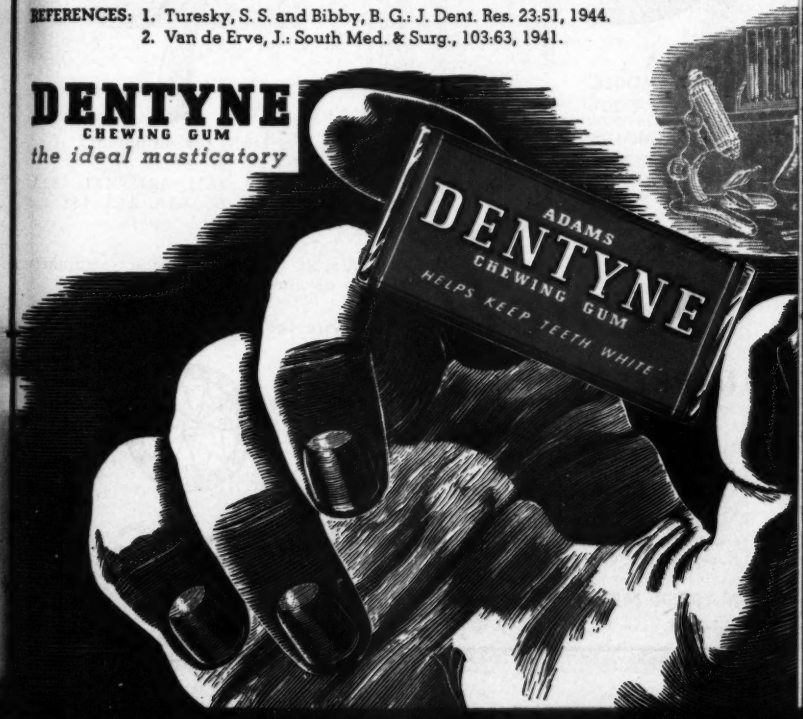
Resilient friction, with teeth and mouth tissues, and the capacity inherent in the agent to cause particles to adhere to it[1], and

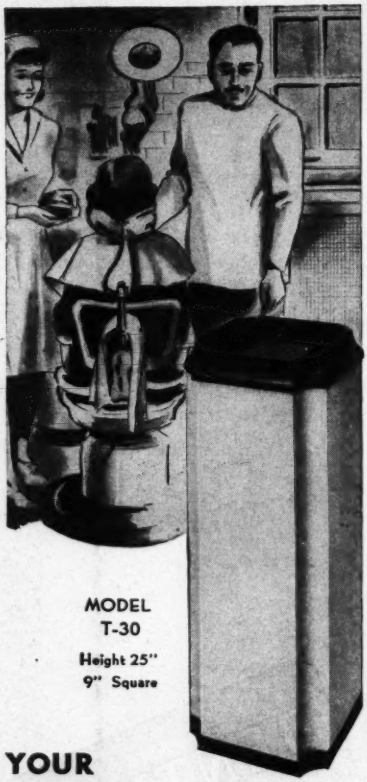
Copious salivation, which "maintains excellent oral hygiene . . . by washing out food detritus, bacteria, eroded epithelial cells, etc. from gums and teeth."[2]

In a highly acceptable form, chewing Dentyne Gum helps provide the mechanical and physiological stimulation regrettably lacking in modern soft diets . . . yet so necessary for vigorous health of the soft and hard tissues of the mouth.

REFERENCES: 1. Turesky, S. S. and Bibby, B. G.: J. Dent. Res. 23:51, 1944.
2. Van de Erve, J.: South Med. & Surg., 103:63, 1941.

DENTYNE
CHEWING GUM
the ideal masticatory





MODEL
T-30
Height 25"
9" Square

YOUR

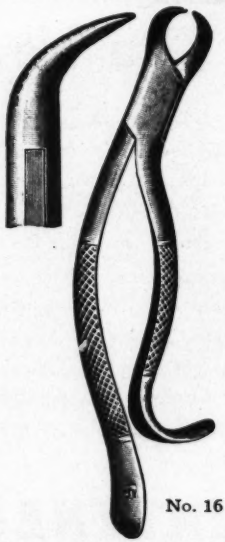
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IN STAINLESS STEEL



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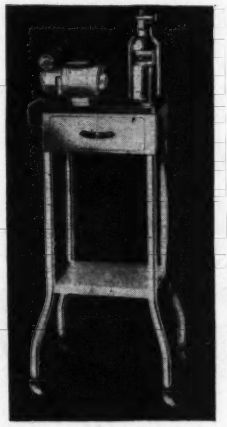
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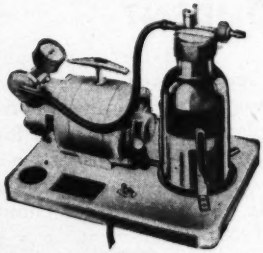
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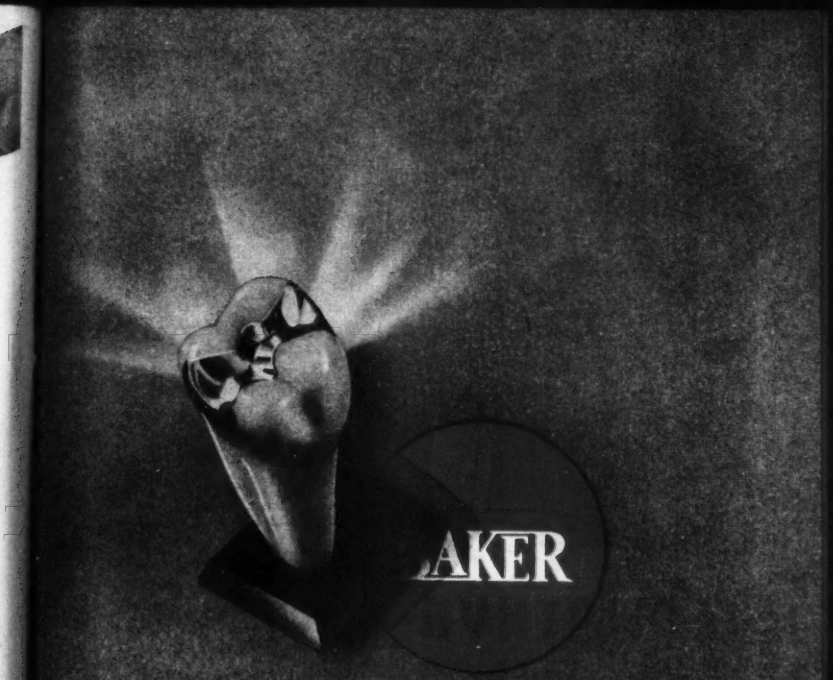
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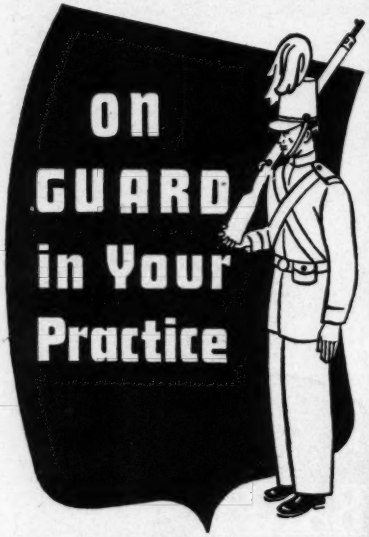
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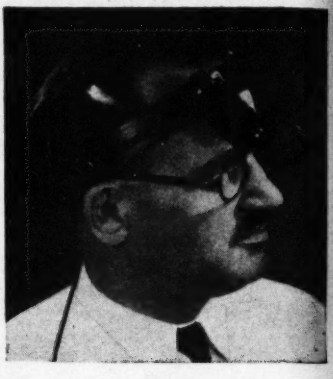
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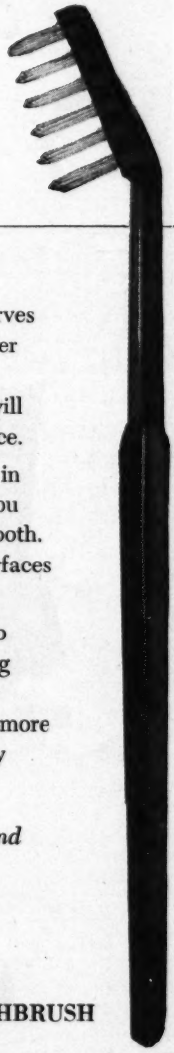
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Your work, the product of your time and skill, deserves proper after-care. Daily oral hygiene is made simpler with the Squibb Angle Toothbrush. To show your patients how this uniquely designed brush works will take only a few minutes before they leave your office.

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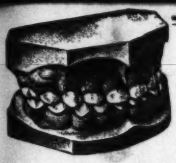


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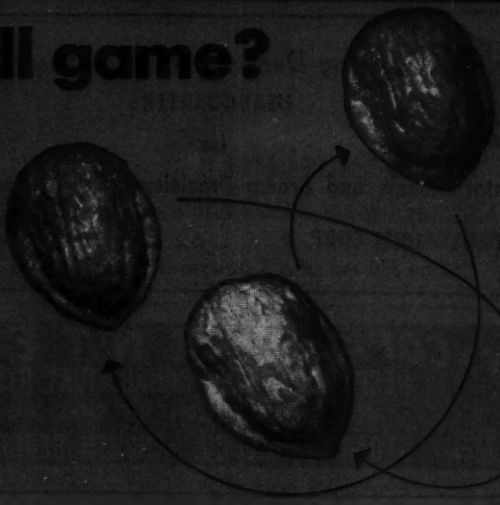
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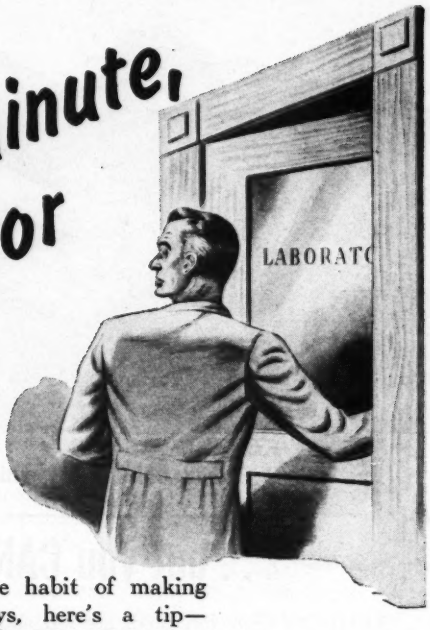
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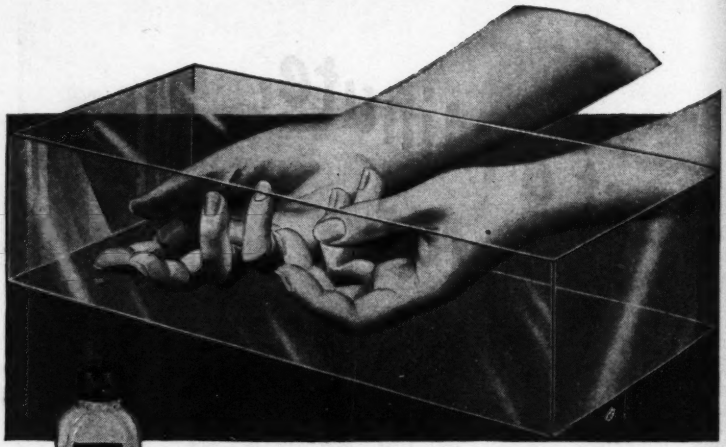
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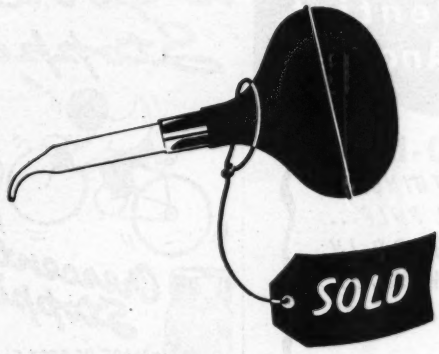
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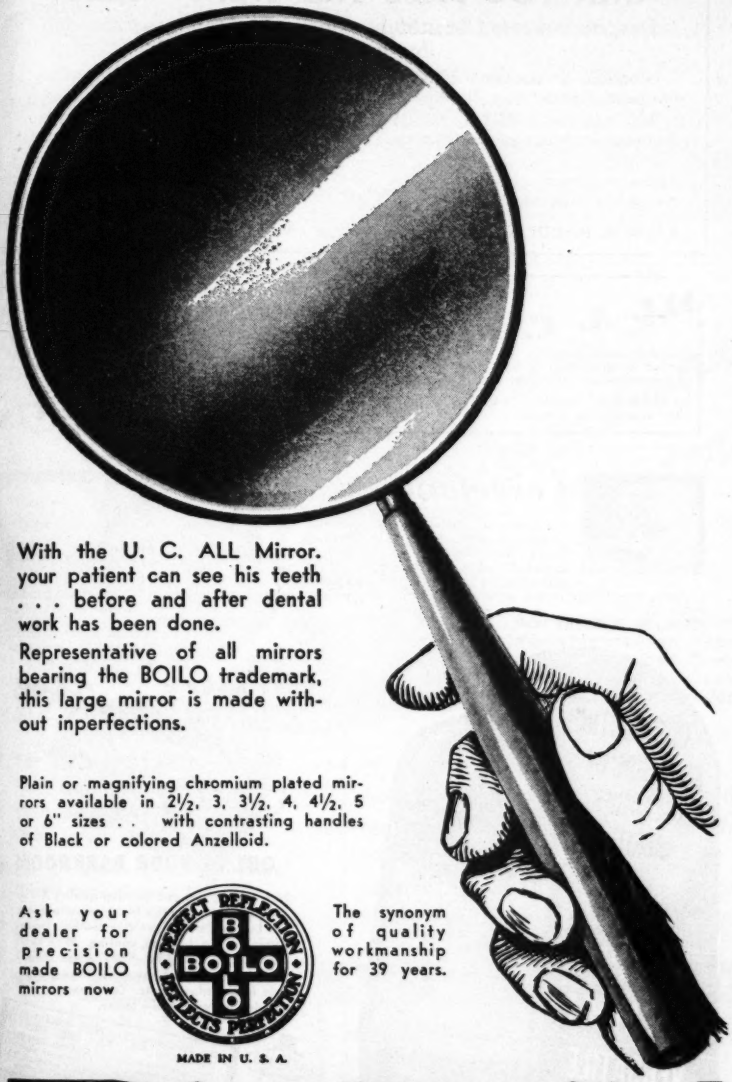
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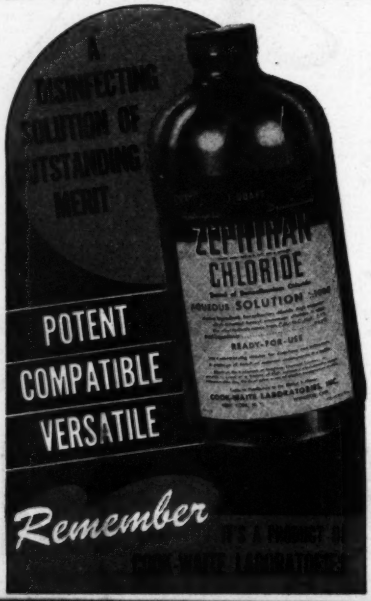
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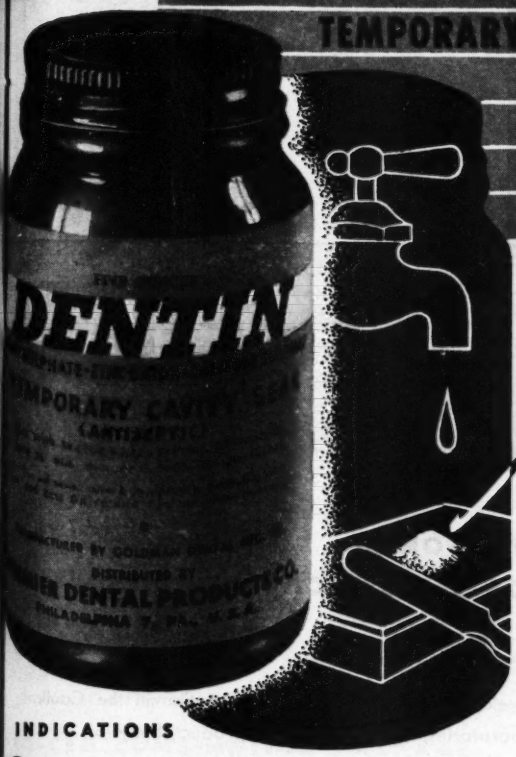
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IN 2 FORMS
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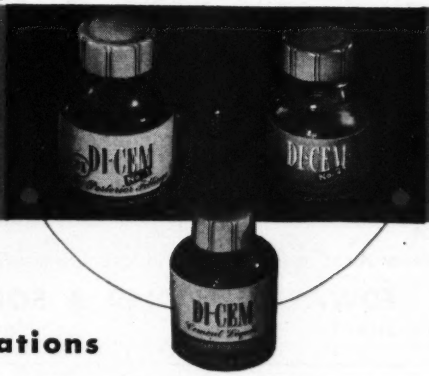
What is DI-CEM?

Developed during years of exploration in the Caulk Laboratories, DI-CEM is not one product, but two.

DI-CEM No. 1 is designed for posterior fillings, in cases where esthetics is a factor. It brings to posterior restorations much of the esthetic advantages of a silicate . . . **plus** a compressive strength higher than that of any other cement ever tested in our laboratories. Furthermore, its manipulation is so flexible that it is adaptable to an unusually wide range of preparation practices.

DI-CEM No. 2 is designed for all cementation. It sets hard and quickly. In addition, its great translucence and the exceptional fineness of its powder particles provide the cementing qualities which have long been sought for dentistry.

DI-CEM No. 1
In four shades . . .
for posterior fillings
- High Compressive Strength
- Low Solubility
- Adaptable Manipulation
- Prompt Setting



DI-CEM No. 2
In six shades . . .
for all cementation
- Great Retentive Strength
- Low Solubility
- Permanent Translucence
- Fine Particle Size

indications

DI-CEM No. 1
Posterior fillings when esthetics is a factor. Under clasps, instead of metal, to avoid galvanic action. Filling deciduous teeth.

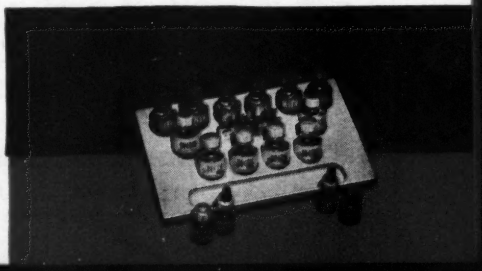
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Cementing crowns, inlays, bridges, and facings of acrylic, gold, and porcelain. Especially useful in orthodontia.

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6 Powders No. 2 DI-CEM
2 Bottles Liquid
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Trial Bottles of No. 1 DI-CEM and No. 2 DI-CEM powder, and of DI-CEM liquid

Only $17.75

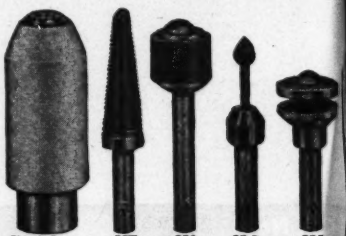
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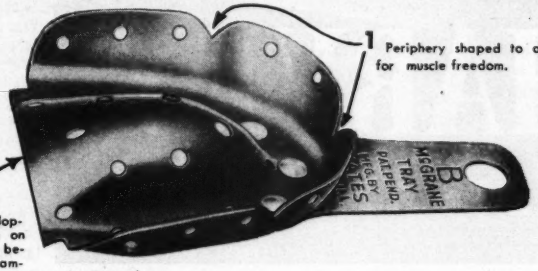
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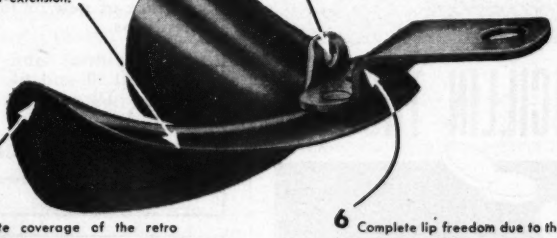


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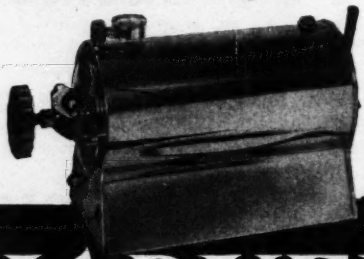
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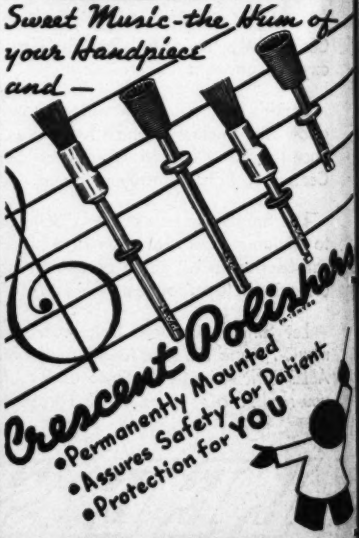
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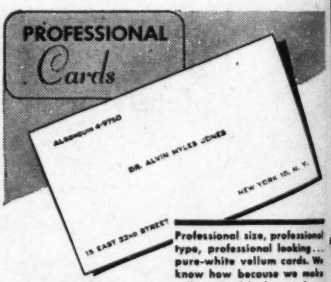
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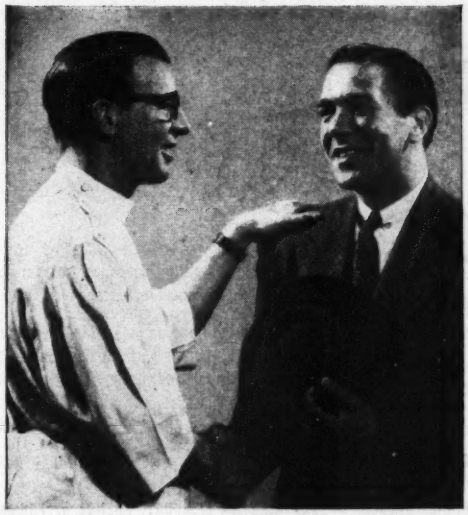
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The contents of one ampule added to a quart of tap water make a potent germicidal solution combining high bactericidal and bacteriostatic action against most pathogenic bacteria.

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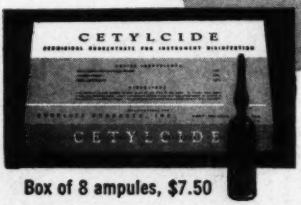
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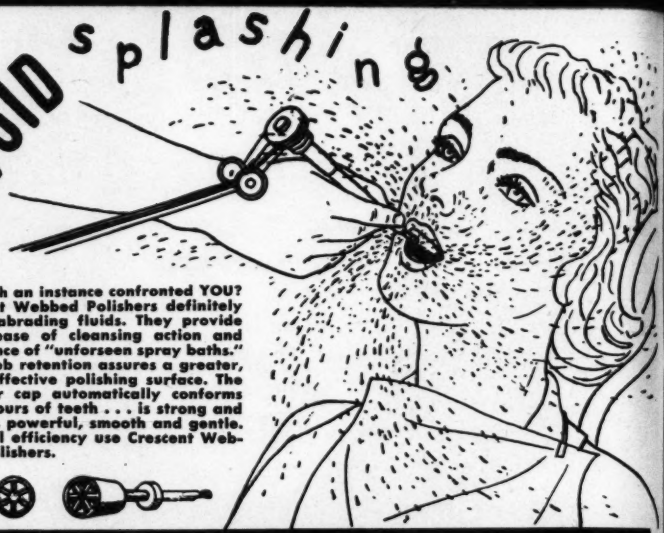
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Desire associate, or will consider outright sale. Complete with x-ray, porcelain furnace, vulcanizer and all equipment to do own laboratory work. Population twenty-five thousand. "341" Oral Hygiene, Pittsburgh, Pa.

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WANTED: Dentist to share offices with eventual association and purchase. Active general practice of thirty years standing in Plainfield, New Jersey. State experience and qualifications. "331" Oral Hygiene, Pittsburgh, Pa.

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PERMANENT LINER



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FREE FROM BURN OR SMARTING
AND
ONLY A FEW MINUTES CHAIR TIME

1 No processing. Ready to use as it comes from the tube.

2 Case may be re-lined and patient dismissed immediately.

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4 Finish is smooth and unchanging as original base.

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7 Transparent for perfect blending with the denture.

8 No compression of tissues unless desired.

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FREE SAMPLE: Send for sample tube, enough for several cases

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● **MucoStat is recommended for full and partial denture impressions and also as a "wash".**

● **MucoStat may be used with either individual or non-perforated stock trays.**

Only MUCOSTAT OFFERS YOU *ALL* THESE ADVANTAGES!

1. **Records and retains detailed accuracy.**
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3. **Models may be poured any time from ½ to 2 hours *after taking impressions.***
4. **Impressions do not require storage in water.**
5. **Requires no glaze, hardening bath, or other treatment.**
6. **Sets in less than 2 minutes in the mouth.**
7. **Pleasant taste — does not burn.**

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Consistency controllable by operator.

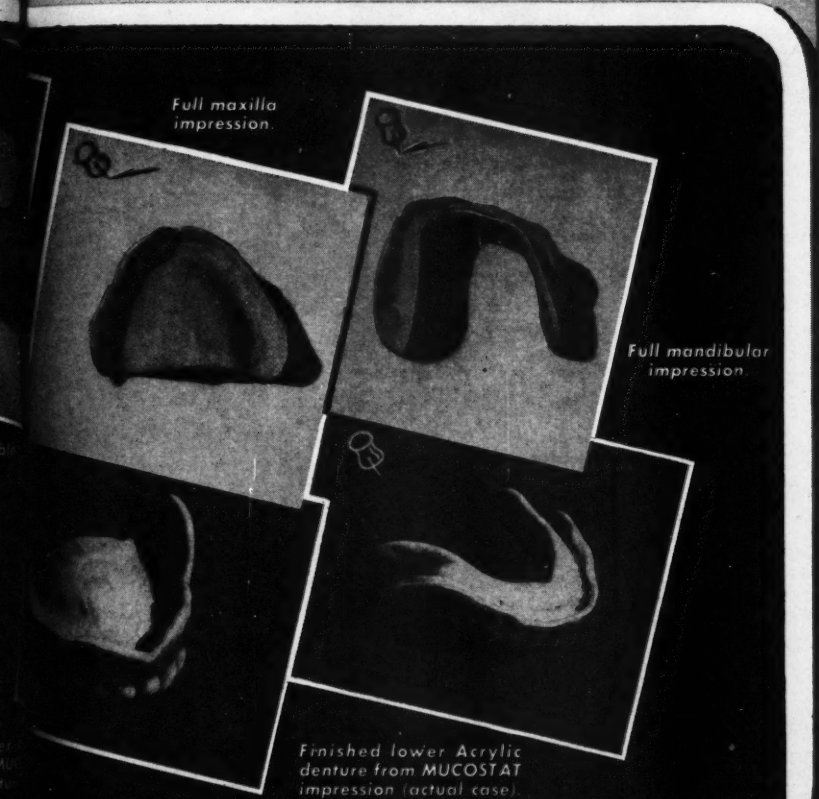
Finished upper denture from MucoStat impression taken

43 W

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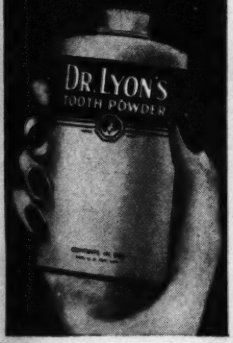
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ANESTHETICS

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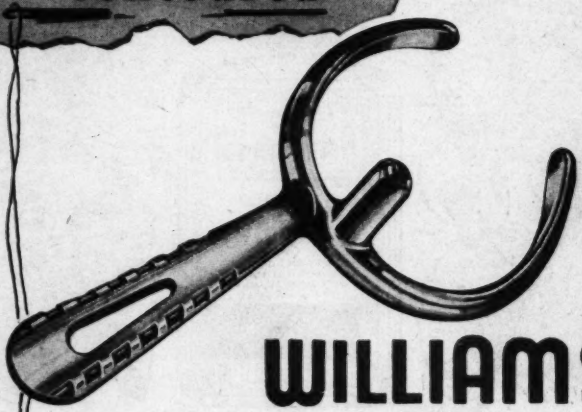
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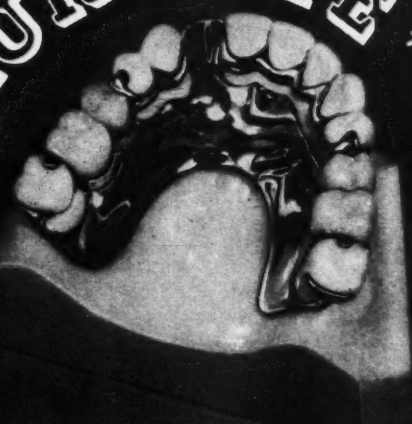
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